

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 8:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000019857

Name and Mailing Address

0007822 01 AT 0.292 **AUTO T9 0 0615 33186-260511



CARDINAL INVESTMENTS, L.L.C.
12011 S.W. 97TH STREET
MIAMI FL 33186-2605



2. New Mailing Address

City, State, Zip

Principal Place of Business
12011 S.W. 97TH STREET
MIAMI FL 33186

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 11/16/2001

6. FEI Number
65-1152978

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

BOHATCH, JOHN S ESQ.
2600 DOUGLAS ROAD
PH-8
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **VERONICA LOPEZ**
Street Address (P.O. Box Number is Not Acceptable)
12011 SW 97 ST.
MIAMI
City **FL** Zip Code **33136**

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/10/03**

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CARDENAL, CAIRO J TRUSTEE	12011 S.W. 97TH STREET	MIAMI FL 33186

300024866263
11/20/03--01004--020 **150.00

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

SIGNATURE REQUIRED

Date **11/10/03**

Daytime Phone # **305-477-9282**

Typed or printed name of signing Managing Member/Manager

CAIRO CARDENAL

CR2E084 (7/03)