

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -8 PH 4:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000001358

1. Limited Liability Company's Name

CBC Realty Group, LLC
24850 Burnt Pine Drive
Suite # 4
Bonita Springs FL 34134-0905

2. Principal Office Address

24850 Burnt Pine Dr. 24850 Burnt Pine Dr.

Suite, Apt. #, etc.

Suite # 4

3. Mailing Office Address

Suite, Apt. #, etc.

Suite # 4

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34134

Country

USA

Zip

34134

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

01/17/2002

6. FEI Number

900008845

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

Name

Salvatori and Wood c/o Lane Wood, Esq.

Street Address (P.O. Box Number is Not Acceptable)

4001 Tamiami Trail North, Suite 330

Suite, Apt. #, Etc.

Suite # 330

City

Naples

State

FL

Zip Code

34103

9. 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]

REGISTERED AGENT MUST SIGN

Date **October 23, 2003**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Ronald Paul	27933 Michigan Street	Bonita Springs FL 34245
V.P.	Euclid Lemineux	4817 B, Gary Road	Bonita Springs FL 3413
Treas.	Ronald Paul	27933 Michigan Street	Bonita Springs FL 34145
Sec.			
Mng.	Jeanne Fox	893 Grand Rapids Blvd.	Naples FL 34120

REINSTATEMENT 2003-2004 w/o Penalty

11. 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]

Date **OCT 23, 2003** Daytime Phone # **239-390-251**

Typed or printed name of signing Managing Member/Manager

Jeanne Fox