PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

16 FEB 18 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000007388

1. Limited Liability Company's Name
Cadre, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1855 W. Hibiscus Boulevard	1855 W. Hibiscus Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32901 Country: US	Zip: 32901 Country: US

CR2E041 (1/14)

4. State/Country of Formation: Florida/US

5. Date Organized or Qualified To Do Business In Florida: 3/25/2002

6. FEI Number: 48-1258168 ☐ 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: Robert Huberman, M.D.

Street Address (P.O. Box Number is Not Acceptable) Suite,
1855 W. Hibiscus Boulevard

Apt. #, Etc.

City: Melbourne State: FL Zip Code: 32901

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 2/16/16
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr.	Robert Huberman, M.D.	1855 W. Hibiscus Boulevard	Melbourne, FL 32901
	REINSTATEMENT		
	2015-2016		S. HAWKES
			FEB 19 A.M.

11. E-mail Address: _____ EXAMINER
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: X [signature] MR Date: 2/16/16 Daytime Phone #: 321-431-7191

Typed or printed name of signing authorized representative/member: _____

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
CADRE, L.L.C.

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S. HAWKES

FEB 19 A.M.

EXAMINER

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