

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000011819

1. Limited Liability Company's Name

CBV INVESTMENTS, LLC

04

PK

FILED
2006 MAY 10 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E041 (8/05)

2. Principal Office Address

12625 Oak Arbor Drive

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33436

Country

US

3. Mailing Office Address

12625 Oak Arbor Drive

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33436

Country

US

4. State/Country of Formation
Florida/US

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

5/9/2002

6. FEI Number

04-3676605

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

Stuart R. Morris, Esq.

800075384918

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

7000 W. Palmetto Park Road

05/26/06--01059--023 ***50.00

Suite, Apt. #, Etc.

Suite 310

City

Boca Raton

State

FL

Zip Code

33433

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

REGISTERED AGENT MUST SIGN

Date

5/9/06

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
Mgr.	Carlos Cohen	12625 Oak Arbor Drive	Boynton Beach, FL 33436

REINSTATEMENT 2004-2006

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

Date

5/2/06

Daytime Phone #

381-499-0041

Typed or printed name of signing Managing Member/Manager

Carlos Cohen