2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L02000012562 1. Entity Name CFD, LLC 06 DEC -1 AM 8: 33 Principal Place of Business Mailing Address 10041 PINES BLVD 1801 NW 119TH TERRACE SUITE A PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 2. Principal Place of Business 3. Mailing Address 10950 5. W 48 ST Suite, Apt. #, etc. 10950 S. W 486 ST Suite, Apt. #, etc. 11282006 REIN-LLC CR2E101 (11/05) City & State City & State 4. FEI Number Applied For popor Cir OOPER 75-3100532 Not Applicable Country USA \$5.00 Additional 5. Certificate of Status Desired 33328 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DODGE, CHARLES F. DODGE, CHARLES & Street Address (P.O. Box Number is Not Acceptable) 1801 NW 119TH TERRACE PEMBROKE PINES, FL 33026 10950 S.W 48 STREET COOPER CIT 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Make check payable to FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited After January 1, 2007, Fee will be \$100.00 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Change TITLE ☐ Delete TITLE ☐ Addition 10950 SW 48 BSTREET DODGE, CHARLES F NAME NAME STREET ADDRESS 1801 NW 119TH TERRACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33026 CITY-ST-ZIP **MGRM** TITLE ☐ Delete TITLE ☐ Addition GAYESKI, MARTIN J 700082212217 12/01/06--01050--017 **55 NAME NAME STREET ADDRESS 1021 SW 149TH TERR STREET ADDRESS PEMBROKE PINES, FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.