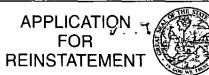
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Glenda E. Heod Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # Name and Making Address

L02000025530

"FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 DEC 18 PM 5: 36

0005152 01 AT 0.292 **AUTO T1 0 0615 33060-743130 la Karlfalkan Hoffan barlakala Handla Hallakha Hand CACCAVIELLO REALTY & MORTGAGE LLC 1004 PINE DR UNIT 105 POMPANO BEACH FL 33060-7431

503144916010

			<u> </u>	038 #50,
2. New Mailing Address			State/Country of Formation FL	
City, State, Zip			Date Organized or Qualified To Do Business in Florida 09/26/2002	
Principal Place of Business 1004 PINE DR UNIT 105	New Principal Place of Business Address		6. FEI Number Applied For Not Applicable	
POMPANO BEACH FL 33060	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S	5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	
CACCAVIELLO, GARY 1004 PINE DR 105 POMPANO BEACH FL 33060		Name Street Address (P	A. Dox Number is Not Acceptable) 700024289 10/30/0301051023	**150.00
10. I, being appointed the registered agent of the above and limited liability company, am familiar with and accept the obligations of Chapter 608, F.S., Signature of Registered Agent Date				
11. Names and Street Addresses of Each Managing Men Der/Manager				
Members/Managers Managi		et Address of Each jing Member/Manager	nager City / State / Zip	
HURH GATY CACCAVIELLO - 1004 PINE DR MINITIOS POTRANO BEACH, FLA POTRANO BEACH, FOR 33060 33060				
	·	4		
		enst.		100
12. I certify that I am managing member/manager or the ever 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 discription has been elimited, 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 only. 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/Manage Daylime Phone #954-684-5513				
Typed or printed name of signing Managing Membrane				