

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:55

1. DOCUMENT # L02000027089

Name and Mailing Address

0008405 01 AT 0.292 **AUTO T1 0 0615 33312-327300



C&D PROPERTY MAINTENANCE, L.L.C.
1800 S.W. 9TH STREET
FORT LAUDERDALE FL 33312-3273



2. New Mailing Address

4342 N.W. 48th Place

City, State, Zip
Lauderhill Fla 33319

Principal Place of Business

1800 S.W. 9TH STREET
FORT LAUDERDALE FL 33312

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 10/14/2002

6. FEI Number

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

NORDT, GREGORY M
100 W. CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

400025869034
12/31/03--01012--005 **150.00

City

FL

Zip Code

10. 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 REQUIRED

Date 10-31-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CARTER, RONALD	1800 S.W. 9TH STREET	FORT LAUDERDALE FL 33309

REINSTATEMENT

03
dec

12. 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 REQUIRED

Date

10-31-03

Daytime Phone #

(954) 465-8480

Typed or printed name of signing Managing Member/Manager

Ronald Carter

CR2E084 (7/03)