

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
2006 JAN 11 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000027566

1. Limited Liability Company's Name

CANTENS INVESTMENTS, LLC

03

BK

CR2E041 (8/05)

2. Principal Office Address  
11890 SW 8TH STREET

3. Mailing Office Address  
11890 SW 8TH STREET

Suite, Apt. #, etc.  
SUITE: 502

Suite, Apt. #, etc.  
SUITE: 502

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33184

Country  
USA

Zip  
33184

Country  
USA

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 10/17/2002

6. FEI Number  
20-2744340

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  
GASTON E. CANTENS

Street Address (P.O. Box Number is Not Acceptable)  
11890 SW 8TH STREET

Suite, Apt. #, Etc.  
SUITE: 502

City  
MIAMI

State  
FL

Zip Code  
33184

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

Date 1/10/06

REGISTERED AGENT MUST SIGN

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
MGRM	GASTON E. CANTENS	11890 SW 8TH STREET SUITE: 502	MIAMI FL 33184

REINSTATEMENT 2003-2006

200064059042  
01/19/06--01027--018 \*\*200.00

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 1/10/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

L020000275

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

2006 JAN 11 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

TO WHOM IT MAY CONCERN:

*BSH*

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED COMPANY.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2003, 2004 AND 2005 AND IM ALSO INCLUDING THE 2006 PAYMENT TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
\_\_\_\_\_  
GASTON E. CANTENS  
MGRM