

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 SEP -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 103000001122

1. Limited Liability Company's Name
CABO INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box # 10051 PINES BLVD.		3. Mailing Office Address 10051 PINES BLVD.	
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc. SUITE A	
City & State PEMBROKE PINES		City & State PEMBROKE PINES	
Zip 13024	Country USA	Zip 33024	Country USA

CR2E041 (1/14)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 1/10/2003	
6. FEI Number 37-1473972	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
CLARA DEL RISCO

Street Address (P.O. Box Number is Not Acceptable) Suite
0051 PINES BLVD.

Apt. #, Etc.
SUITE A

City PEMBROKE PINES	State FL	Zip Code 33024
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000276685770
09/14/15--01010--012 **138.75

000276685770
09/01/15--01023--019 **718.75

9. By being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Clara Del Risco* Date 8/31/15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
M	CLARA DEL RISCO	10051 PINES BLVD SUITE A	PEMBROKE PINES FL 33024
<p>REINSTATEMENT 2006-2015</p>			<p>500180984279 05/17/10--01005--024 **655.00</p>
			<p>SEP 14 2015</p> <p>MASON</p>

11. E-mail Address: CLARA@DELRISCOLAW.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *Clara Del Risco* Date 8/31/15 Daytime Phone # 954-433-3440

Typed or printed name of signing authorized representative/member