

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 20 AM 9:19

DOCUMENT # ~~L0300004316~~ L0300004316

1. Limited Liability Company's Name

CMF Enterprises LLC

2. Principal Office Address

1788 Anna Catherine Dr.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32828

Country

3. Mailing Office Address

1909 S. Alafaya Trail #203

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32828

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/30/03

6. FEI Number

47-0908280

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

Carolyn M. Franceski

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

1788 Anna Catherine Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

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

CMF

Date 1/15/06

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
MGR	Carolyn M. Franceski	1788 Anna Catherine Dr.	Orlando FL 32828

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

CMF

Date 2/13/06

Daytime Phone #

407-658-6655

Typed or printed name of signing Managing Member/Manager

Carolyn M. Franceski