


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
CORPORATIONS
06 FEB 20 AM 9:19

DOCUMENT # ~~LO300004316~~ **LO300004316**

1. Limited Liability Company's Name
CMF Enterprises LLC

200067310362
03/07/06--01021--020 **255.00
CR2E041 (8/05)

2. Principal Office Address 1788 Anna Catherine Dr.		3. Mailing Office Address 1909 S. Alafaya Trail #203	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32828	Country	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 <input checked="" type="checkbox"/> \$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

REINSTATEMENT 04-06

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**