Division of Corporations



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**LIMITED LIABILITY REINSTATEMENT**
**JUSTIN CABRERA FAMILY MANAGEMENT COMPANY, LLC**

| | |
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SEC'Y OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000017885

1. Limited Liability Company's Name
JUSTIN CABRERA FAMILY MANAGEMENT COMPANY, LLC

CR2E041 (1/14)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 8580 N.W. 93RD ST | 8580 N.W. 93RD ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MEDLEY, FL | City & State: MEDLEY, FL |
| Zip: 33166 Country: USA | Zip: 33166 Country: USA |

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 05/19/2003

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

Name: CORPORATION COMPANY OF MIAMI

Street Address (P.O. Box Number is Not Acceptable): 201 S. BISCAYNE BLVD.

Suite, Apt. #, Etc.: SUITE 1500 (R1S)

City: MIAMI State: FL Zip Code: 33131

DEC 22 2014

L. SELLERS

9. I, 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: By: CORPORATION COMPANY OF MIAMI Timothy J. Murphy Vice President Date: 12/22/2014

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 |
|---|---|---|---|
| MGR | ANTONIO J. CABRERA, JR. | 8580 N.W. 93RD STREET | MEDLEY, FL 33166 |

REINSTATEMENT 2014

11. E-mail Address: rsouto@shutts.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 12/15/14 Daytime Phone #: (305) 445-2800

Typed or printed name of signing Authorized Representative/Manager: Antonio J. Cabrera, Jr., Manager