

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 FEB 11 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 04000017326

1. Limited Liability Company's Name

CG + DG ENTERPRISES, LLC

200193927352
02/11/11--01013--027 **521.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

142 COUNTRY CLUB DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WAYNESVILLE, NC

City & State

Zip

28786

Country

USA

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

03/04/2004

6. FEI Number

20-0776 871

☐ 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

ANNETTE GENDREAU

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

1093 FOX CHAPEL DR.

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33549

E-mail Address:

cjgendreau@charter.net
(To be used for future annual report notices)

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

Annette Gendreau

Date 2/07/11

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	DINA D. GIUNTA	142 COUNTRY CLUB DR.	WAYNESVILLE, NC 28786
MGRM	CAROLYN J. GENDREAU	142 COUNTRY CLUB DR.	WAYNESVILLE, NC 28786

J. SAULSBERRY
EXAMINER

FEB 14 2011

REINSTATEMENT
09-11

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. 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 Managing
Member/Manager

Dina Giunta

Date 2/07/11

Daytime Phone # 828-452-6880

Typed or printed name of signing Managing Member/Manager DINA GIUNTA