

9-15-06
200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:10

DOCUMENT # L04000046051

1. Limited Liability Company's Name

CASH STREAM LLC

600087212136
02/05/07--01004--032 **205.00
CR2E041 (8/05)

2. Principal Office Address

1290 PALMETTO AVE.

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

Zip

32789

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6.18.04

6. FEI Number

043794165

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

BARRY FULCO

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

1290 PALMETTO AVE.

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

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

Barry Fulco

Date 1.12.07

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	BARRY FULCO	1290 PALMETTO AVE.	WINTER PARK FL 32789

REINSTATEMENT 06-07

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

Barry Fulco

Date 1.12.07

Daytime Phone # 407.478.4900

Typed or printed name of signing Managing Member/Manager

BARRY FULCO