

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

06 DEC 19 AM 10:55

DOCUMENT # L04000055602

1. Limited Liability Company's Name

COMFORTABLE LIVING L.L.C.

2. Principal Office Address

10131 S.W. 152 TERRACE

Suite, Apt. #, etc.

NA

City & State

MIAMI, FLORIDA

Zip

33176

Country

U.S.

3. Mailing Office Address

10131 S.W. 152 TERRACE

Suite, Apt. #, etc.

NA

City & State

MIAMI, FLORIDA

Zip

33176

Country

U.S.

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

07/27/2004

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

DAVID HEBBURN

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

10131 SW 152 TERRACE

Suite, Apt. #, Etc.

NA

City

MIAMI

State

FL

Zip Code

33176

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

David Hebburn

REGISTERED AGENT MUST SIGN

Date 12-15-06

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
<u>MGRM</u>	<u>DAVID HEBBURN</u>	<u>10131 SW 152 TERRACE</u>	<u>MIAMI, FL 33176</u>

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

David Hebburn

Date 12-15-06

Daytime Phone # 305 815-6303

Typed or printed name of signing Managing Member/Manager

DAVID HEBBURN