PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY Secretary of State DIVISION OF CORPORATIONS								SECRETARY OF STAIL OIVISION OF CORPORATIONS 09 May - 1 Am 10: 55			
DOCUMENT # L0400065112 1. Limited Liability Company's Name							400151449434 05/04/0901004014 **277.50				
Caveat Realty, LLC								400151449484 04/21/0301 <u>01</u> 0 ₁₇₍ 038) **143.75			
8040 P	ess - No P O. Box #	Office Address ers Road			4. State/Country of Formation						
Suite, Apt. #. etc. Sute, Apt. # 107				, etc.			Florida, USA 5. Date Organized or Qualified				
City & State Plantation, FL Plantatio				n, FL			6. FEI Numb	6. FEI Number Applied For 202779652 Not Applicable			
Zip 33324		Country USA	Zip 33324		USA	•	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status				
8. Name and Address of Current Registered Agent											
Name Deborah A. Green							A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.				
Street Address (P.O. Box Number is Not Acceptable) 8040 Peters Road											
Suite, Apt. #, Etc. 107											
^{City} Plantati		State Zip Code FL 33324			remotatement be walved.						
9. I. being appointed the registered agent of the above named limited liability company, am familiar with and ac Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date April 16, 2009			
10. Name	es and Street	Addresses of Managing Men	bers/Managers								
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Managing			ger	City / State / Zip			
MGRM	Deborah	10884 Hawks Vista Street				Plantation, FL 33324					
MGRM	Matthew	10864 Hawks Vista Street				Plantation, FL 33324					
MGRN	Marc G.	2900 W. Cypress Creek Road			ad, Ste. 3	3 Ft. Lauderdale, FL 33309					
REINSTATEMENT 2007 - 2009											
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 o	Signature of Managing Member/Manager Nules at 1 Date 4/16/09 Daytime Phone 954-923-0923										
Typed or printed name of signing Managing Member/Manager Deborah A. Green											

FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 MAY -1 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 22, 2009

CAVEAT REALTY, LLC 8040 PETERS RD # 107 - . PLANTATION, FL 33324

SUBJECT: CAVEAT REALTY, LLC

Ref. Number: L04000065112

We have received your document for CAVEAT REALTY, LLC and check(s) totaling \$143.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$\$\frac{1}{2}77.50\$. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 509A00013532

Tammy Hampton Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314