

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 23 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *L04000076130*

1. Limited Liability Company's Name
CDX Enterprises LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 2796 Kensington Circle Suite, Apt. #, etc.		3. Mailing Office Address 2796 Kensington Circle Suite, Apt. #, etc.	
City & State Weston, FL		City & State Weston, FL	
Zip 33332	Country USA	Zip 33332	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/20/2004	
6. FEI Number 010831790	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Arrieta, Julio C			
Street Address (P.O. Box Number is Not Acceptable) 2796 Kensington Circle Suite, Apt. #, Etc.			
City Weston	State FL	Zip Code 33332	

☒ 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.

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

Julio Arrieta
REGISTERED AGENT MUST SIGN

Date 6/16/2008

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
<i>mlem</i>	Arrieta Management	1743 Michigan Ave, Ste. 4	Miami Beach, FL 33139
<i>mlem</i>	CDX Enterprises Inc.	2796 Kensington Cir.	Weston, FL 33332

REINSTATEMENT *06-08*

07/25/08--01001--002 **\$5.00

07/25/08--01001--003 **\$500.00

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

Julio Arrieta

Date 6/16/08

Daytime Phone #954-249-5932

Typed or printed name of signing Managing Member/Manager