

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 NOV 22 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000082220

1. Limited Liability Company's Name

W11-57553

CNR Investments, LLC

CR2E041 (1/11)

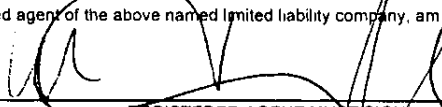
2. Principal Office Address - No P.O. Box # 9 Fir Trail		3. Mailing Office Address 9 Fir Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34472	Country USA	Zip 34472	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 11-12-2004	
6. FEI Number 900245692	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 Cavanaugh, Kim M			
Street Address (P.O. Box Number is Not Acceptable) 9 Fir Trail			
Suite, Apt. #, Etc.			
City Ocala	State FL	Zip Code 34472	

E-mail Address:  300214181963 11/10/11--01015--009 **680.00  (To be used for future annual report notices)
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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  Date November 21, 2011

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
MGR	Cavanaugh, Kim	9 Fir Trail	Ocala, FL 34472
MGR	Cavanaugh, Cindy	9 Fir Trail	Ocala, FL 34472
	L. SELLERS		
	NOV 28 2011		
	EXAMINER	REINSTATEMENT	0811

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  Date Nov. 9, 2011 Daytime Phone # 352-537-0401

Typed or printed name of signing Managing Member/Manager Kim Cavanaugh