

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
09 FEB -3 AM 11:32

DOCUMENT # L05000001523

1. Limited Liability Company's Name

C&B Realty LLC

800142272038
01/28/09--01021--024 **516.25
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

300 South Pointe Drive

Suite, Apt. #, etc.

701

City & State

Miami Beach, FL

Zip

33139

Country

Dade

3. Mailing Office Address

300 South Pointe Drive

Suite, Apt. #, etc.

701

City & State

Miami Beach, FL

Zip

33139

Country

Dade

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **01/05/2005**

6. FEI Number
16-1713073

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
Daniel A Corbin

Street Address (P.O. Box Number is Not Acceptable)
300 South Pointe Drive

Suite, Apt. #, Etc.
701

City
Miami Beach

State
FL

Zip Code
33139

☐ 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

Date **01/21/2009**

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	Daniel A Corbin	300 South Pointe Drive Ste. 701	Miami Beach, FL 33139

REINSTATEMENT 2007-09 JB

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

Date **01/21/2009**

Daytime Phone# **3053735700**

Typed or printed name of signing Managing Member/Manager **Daniel A Corbin**