

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 16 AM 9:46

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000003113

1. Limited Liability Company's Name

C&A LAFF 1 LLC

2. Principal Office Address

2209 9TH ST. W.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34205

Country

USA

3. Mailing Office Address

1501-16TH ST. W.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34205

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

12/28/04

6. FEI Number

20-5773085

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

ANTONIO DOMINGUEZ

700081826217

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

1501-16TH ST. W.

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34205

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

[Signature]

Date 11/07/06

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	ANTONIO DOMINGUEZ	1501-16 TH ST. W.	BRADENTON, FL 34205
MGR	CECILIA DOMINGUEZ	1501-16 TH ST. W.	BRADENTON, FL 34205

REINSTATEMENT 05-06

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

Cecilia

Dominguez

Date 11/9/06

Daytime Phone # (941) 345-3937

Typed or printed name of signing Managing Member/Manager

CECILIA DOMINGUEZ