

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR 24 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

LO 5-5555
CBI Property LLC

CR2E041 (1/14)

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

69 N. Orlando Ave

Suite, Apt. #, etc.

City & State

Cocoa Beach FL

Zip

32931

Country

USA

3. Mailing Office Address

69 N. Orlando Ave

Suite, Apt. #, etc.

City & State

Cocoa Beach FL

Zip

32931

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/18/2005

6. FEI Number

134295497

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

Richard E Biery

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

69 N. Orlando Ave

Suite, Apt. #

City

Cocoa Beach

State

FL

Zip Code

32931

900259414789

04/24/14--01014--003 **516.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Richard E Biery

REGISTERED AGENT MUST SIGN

Date

4-14-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Richard E Biery	69 N. Orlando Ave	Cocoa Beach FL 32931
AR	Richard F Castille	69 N. Orlando Ave	Cocoa Beach FL 32931
AR	Lewis H Berman	650 N. Atlantic Ave PH #6	Cocoa Beach FL 32931
AR	Barry S Berman	1600 S. Ocean Blvd	Lauderdale by the Sea 33062

11. E-mail Address:

Sbiery@cbl.r.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Richard E Biery

Date

4-14-14

Daytime Phone #

321 508 5380

Typed or printed name of signing Authorized Representative/Manager

Richard E Biery