
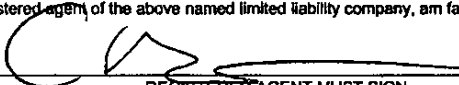
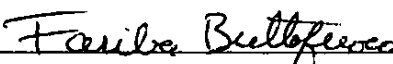


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2008 DEC 12 PM 1:46 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E042 (10/08)	
DOCUMENT # L05000037636					
1. Limited Liability Company's Name C.F. Holdings LLC					
2. Principal Office Address - No P.O. Box # 9100 So. Dadeland Blvd. Suite, Apt. #, etc. 600		3. Mailing Office Address 9100 So. Dadeland Blvd. Suite, Apt. #, etc. 600		4. State/Country of Formation FL / USA	
City & State Miami, FL		City & State Miami, FL		5. Date Organized or Qualified To Do Business in Florida April 14, 2005	
Zip 33156	Country Miami-Dade	Zip 33156	Country Miami-Dade	6. FEI Number 20-3231929	
7. CERTIFICATE OF STATUS DESIRED				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent Name Christopher R. Buttafuoco Street Address (P.O. Box Number is Not Acceptable) 9100 So. Dadeland Blvd. Suite, Apt. #, Etc. 600 City Miami				<input checked="" type="checkbox"/> 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 12-9-2008 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	Fariba Buttafuoco	11260 SW. 74 Ct.	Miami, FL 33156		
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 608.408, 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 12-9-08 Daytime Phone # 786-423-8955 Typed or printed name of signing Managing Member/Manager Fariba Buttafuoco					

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT**C&F HOLDINGS LLC**

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