

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 12 AM 11:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L0500045734

1. Limited Liability Company's Name

CFM Properties LLC
12791 W. Forest Hill Blvd, #5B
Wellington, FL 33414

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

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

5/1/05

6. FEI Number

02-0743300

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (12/07)

8. Name and Address of Current Registered Agent

Name Jeffrey A. Deutch, P.A.

Street Address (P.O. Box Number is Not Acceptable)
7777 Glades Road, Suite 300

Suite, Apt. #, Etc.

City Boca Raton, FL 33434

State
FL

Zip Code

☒ 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

Jeffrey A. Deutch

Date 8-5-08

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
<u>Mgr</u>	<u>Bainbridge Manager, LLC</u>	<u>12791 W. Forest Hill Blvd, 5B</u>	<u>Wellington, FL 33414</u>

REINSTATEMENT

06.08

000134089270
08/07/08--01046--006 **361.25

05/08/06-90039-010- \$55.00

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

Richard P. Giles

Date 7/27/08

Daytime Phone# 561 333-3669

Typed or printed name of signing Managing Member/Manager Richard P Giles, V. Pres