

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

50.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP -1 AM 10:29

DOCUMENT #

L05000046502

1. Limited Liability Company's Name

C & G Capital and Management, LLC

2. Principal Office Address

257 Barefoot Beach Blvd.

3. Mailing Office Address

257 Barefoot Beach Blvd.

Suite, Apt. #, etc.

Number 404

Suite, Apt. #, etc.

Number 404

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34134

Country

USA

Zip

34134

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2004

6. FEI Number

519-48-6493

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

Gary E. Costley

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

257 Barefoot Beach Blvd.

Suite, Apt. #, Etc.

Number 404

City

Bonita Springs, FL

State

FL

Zip Code

34134

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]

REGISTERED AGENT MUST SIGN

Date

7/10/06

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	Gary E. Costley	257 Barefoot Beach Blvd.	Bonita Springs, FL

600079726356
09/12/06--01058--003 **150.00

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

[Signature]

Date

July 10, 2006

Daytime Phone #

239-293-0739

Typed or printed name of signing Managing Member/Manager

Gary E. Costley