

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**2009 APR 14 PM 1:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**900149763459**  
**04/14/09--01002--007 \*\*421.25**

CR2E041 (10/08)

**DOCUMENT # L05000095924**

**1. Limited Liability Company's Name**

**CALMX INV. GRP., LLC**

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

**4361 ATWOOD DR**

Suite, Apt. #, etc.

City & State

**ORLANDO FLORIDA**

Zip

**32828**

Country

**USA**

**3. Mailing Office Address**

**4361 ATWOOD DR**

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

Zip

**32828**

Country

**USA**

**4. State/Country of Formation**

**FLORIDA, USA**

**5. Date Organized or Qualified**

To Do Business in Florida **SEPTEMBER 22, 2005**

**6. FEI Number**

**04-3844657**

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

**Rick Rivadeneyra**

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

**4361 ATWOOD DR**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32828**

☒ 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

**4/8/09**

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
MGRM	Rick, Rivadeneyra	4361 ATWOOD DR.	ORLANDO FL 32828
MGRM	Mr. Martin Duarte	5009 MARBELLA ISLE DR.	ORLANDO FL 32837
MGRM	Mr. Angel Martinez	5148 JETSAIL DR.	ORLANDO FL 32812
MGRM	Mr. Jay Mercado	330 BUSHWICK AVE. APT. 7C	BROOKLYN NY 11206-2736
MGRM	Mr. William Vervoordt	933 JADE FORREST AVE.	ORLANDO FL 32828
MGRM	Mr. Jose Cepeda	20201 QUINLAN ST.	ORLANDO FL 32825

**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

Date

**4/8/09**

Daytime Phone #

**407-310-2330**

Typed or printed name of signing Managing Member/Manager

**Rick, Rivadeneyra**

*C.F.*

# PLEASE INCLUDE THE FOLLOWING MEMBERS TO ANNUAL REPORT

Mr. Montesdeoca, Angelo

99 Burns Ave.

Lodi, NJ 07644

Mr. Mercado, Joseph

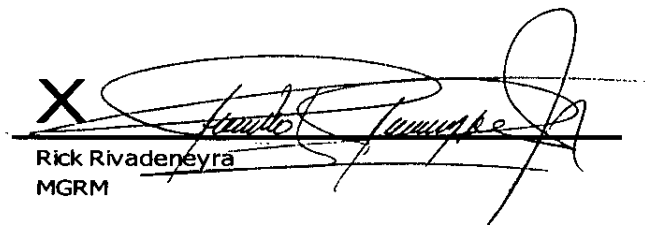
3067 Natoma way

Orlando, FL 32825

Thank you for time,

X

Rick Rivadeneyra  
MGRM

A handwritten signature in black ink, appearing to read "Rick Rivadeneyra", is written over a horizontal line. The signature is stylized with a large loop at the end.