

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -8 PM 1:22

DOCUMENT # L05006115898

1. Limited Liability Company's Name

CAMARGO REAL ESTATE
DEVELOPMENT, LLC

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

36 SE CHINICA DR

Suite, Apt. #, etc.

3. Mailing Office Address

36 SE CHINICA DR

Suite, Apt. #, etc.

City & State

SUMMERFIELD, FL

City & State

SUMMERFIELD, FL

Zip

34491

Country

UNITED STATES

Zip

34491

Country

UNITED STATES

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/05/2005

6. FEI Number

20-3933082

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

PEDRO P. CAMARGO

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

36 SE CHINICA DR

Suite, Apt. #, Etc.

City

SUMMERFIELD

State

FL

Zip Code

34491

☒ 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

Pedro P. Camargo

REGISTERED AGENT MUST SIGN

Date

5-7-08

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	PEDRO P. CAMARGO	36 SE CHINICA DR	SUMMERFIELD, FL 34491
MGR	PAUL E. CAMARGO	36 SE CHINICA DR	SUMMERFIELD, FL 34491

REINSTATEMENT

WOP

06-08

Cell

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

Pedro P. Camargo

Date

5/8/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager