

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 MAY 18 PM 4:01

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000117658

1. Limited Liability Company's Name

C & D LIMITED, LLC

300207846483  
05/18/11--01035--011 \*\*516.25

CR2E041 (1/11)

|  |                       |                           |         |
|--|-----------------------|---------------------------|---------|
| 2. Principal Office Address - No P.O. Box #<br><u>605-BELVEDERE RD</u> |                       | 3. Mailing Office Address |         |
| Suite, Apt. #, etc.<br><u>STE</u>                                      |                       | Suite, Apt. #, etc.       |         |
| City & State<br><u>WPB FL</u>  |                       | City & State              |         |
| Zip<br><u>33405</u>  | Country<br><u>USA</u> | Zip                       | Country |

|  |   |
|--|---|
| 4. State/Country of Formation<br><u>FL / USA</u>   |   |
| 5. Date Organized or Qualified To Do Business in Florida<br><u>12/05/2005</u>  |   |
| 6. FEI Number<br><u>43 209 3293</u>  | Applied For<br><input type="checkbox"/> |
| Not Applicable<br><input type="checkbox"/>   |   |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |   |

|  |                    |                          |  |
|--|--------------------|--------------------------|--|
| 8. Name and Address of Current Registered Agent                                |                    |                          |  |
| Name<br><u>DEAN L KARNS</u>  |                    |                          |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>804 MARBELLA LN E</u> |                    |                          |  |
| Suite, Apt. #, Etc.  |                    |                          |  |
| City<br><u>LANTANA</u>   | State<br><u>FL</u> | Zip Code<br><u>33462</u> |  |

E-mail Address:  
GIMAGLIN@AOL.COM  
(To be used for future annual report notices)

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 Dean L Karns Date 5/12/2011  
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   | DEAN L KARNS                      | 804 MARBELLA LN                                | LANTANA, FL 33462  |
| MGR   | BALDWIN, CARLL JR                 | 7888 140th AVE N                               | WPB FL 33412       |
| REINSTATEMENT 09-11   |                                   |  |                    |
|   |                                   |  |                    |
|   |                                   |  |                    |

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Dean L Karns Date 5/12/2011 Daytime Phone # (561) 805-7528

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_