Oct. 23. 2007 9:25AM No. 1060 P. 3

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
07 OCT 23 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800112123558

10222007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000121966

1. Entity Name
CABRERA GP, LLC

Principal Place of Business	Mailing Address
12800 UNIVERSITY DR SUITE 500 FORT MYERS, FL 33907	12800 UNIVERSITY DR SUITE 500 FORT MYERS, FL 33907

07

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8951 RIVER PALM CT		8951 RIVER PALM	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	BK
City & State: FORT MYERS, FL		City & State: FORT MYERS, FL	
Zip	Country: USA	Zip: 33919	Country: USA

4. FEI Number: 20-3997110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, SAMIR
12800 UNIVERSITY DR
SUITE 500
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name: SAMIR CABRERA
Street Address (P.O. Box Number is Not Acceptable): 8951 RIVER PALM CT.
City: FORT MYERS FL Zip Code: 33919

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 239-223-1158
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $200.00

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABRERA, SAMIR 12800 UNIVERSITY DR, SUITE 500 FORT MYERS, FL 33907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

REINSTATEMENT 2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 10-22-07 239-223-1158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CORPORATION SERVICE COMPANY

L05000121966

ACCOUNT NO. : 072100000032

REFERENCE : 284418 80856A

AUTHORIZATION :

COST LIMIT : $ 155

FILED
07 OCT 23 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 23, 2007

ORDER TIME : 9:41 AM

ORDER NO. : 284418-005

CUSTOMER NO: 80856A

BK

RECEIVED
07 OCT 23 AM 10:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CABRERA GP, LLC

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - Ext# 2926

EXAMINER'S INITIALS _____