2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
07 OCT 26 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600111377796

DOCUMENT # L05000121975

1. Entity Name
SAMIR CABRERA, 13800 FIDDLESTICKS BLVD, LLC

Principal Place of Business
8801 COLLEGE PKWY
SUITE 1
FORT MYERS, FL 33919

Mailing Address
12800 UNIVERSITY DRIVE
SUITE 500
FORT MYERS, FL 33907

07

2. Principal Place of Business - No P.O. Box # 8951 River Pam CT
Suite, Apt. #, etc.
City & State Fort Myers FL
Zip 33919 Country USA

3. Mailing Address 8951 River Pam CT
Suite, Apt. #, etc.
City & State Fort Myers FL
Zip 33919 Country USA

10252007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-3997173 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CABRERA GP, LLC
8801 COLLEGE PKWY
SUITE 1
FORT MYERS, FL 33919

MK

7. Name and Address of New Registered Agent
Name Cabrera GP, LLC
Street Address (P.O. Box Number is Not Acceptable)
8951 River Pam 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 _____ 10-25-07
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

MK

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CABRERA GP, LLC	NAME	
STREET ADDRESS	8801 COLLEGE PKWY, SUITE 1	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 10-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC
CORPORATION SERVICE COMPANY

L05000121975

ACCOUNT NO. : 072100000032

REFERENCE : 289939 80856A

AUTHORIZATION :

COST LIMIT : $ 155

ORDER DATE : October 25, 2007

ORDER TIME : 3:54 PM

ORDER NO. : 289939-015

CUSTOMER NO: 80856A

FILED
07 OCT 26 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

RECEIVED
07 OCT 26 AM 8:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: SAMIR CABRERA, 13800
FIDDLESTICKS BLVD, LLC

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