Oct. 25. 2007 4:05PM No. 1093 P. 4

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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

600111377796

10252007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000121975

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

Principal Place of Business	Mailing Address
8801 COLLEGE PKWY SUITE 1 FORT MYERS, FL 33919	12800 UNIVERSITY DRIVE SUITE 500 FORT MYERS, FL 33907

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8951 River Pan CT	8951 River Pan CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33919 Country: USA	Zip: 33919 Country: USA

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

BK

7. Name and Address of New Registered Agent

Name: Cabrera GP, LLC
Street Address (P.O. Box Number is Not Acceptable): 8951 River Pan 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] 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

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 GP, LLC 8801 COLLEGE PKWY, SUITE 1 FORT MYERS, FL 33919	☐ 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
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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] 10-25-07
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

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

DOMESTIC FILINGS

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