2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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

900111377849

10252007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000002907

1. Entity Name
SAMIR CABRERA, 13701 FIDDLESTICKS BLVD, LLC

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

Mailing Address
8801 COLLEGE PARKWAY
SUITE 1
FORT MYERS, FL 33919

MK 07

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

3. Mailing Address: 8951 RIVER PALM CT
Suite, Apt. #, etc.:
City & State: FORT MYERS, FL
Zip: 33919 Country: USA

4. FEI Number: 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 PARKWAY
SUITE 1
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
Name: CABRERA GP, LLC
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: S 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

TITLE	MGR	☐ Delete
NAME	CABRERA GP, LLC	
STREET ADDRESS	8801 COLLEGE PARKWAY, SUITE 1	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: S 10-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CORPORATION SERVICE COMPANY

L06000002907

ACCOUNT NO. : 072100000032

REFERENCE : 289939 80856A

AUTHORIZATION :

COST LIMIT : $ 155

ORDER DATE : October 25, 2007

ORDER TIME : 3:54 PM

ORDER NO. : 289939-010

CUSTOMER NO: 80856A

DOMESTIC FILINGS

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

NAME: SAMIR CABRERA, 13701
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

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