Oct. 25. 2007 4:05PM No. 1093 P. 3

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

BK 07

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8951 RIVER PALM CT		8951 RIVER PALM 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 ☐ 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 [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 PARKWAY, 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 #

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

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

DOMESTIC FILINGS

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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