


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -6 PM 2:54

DOCUMENT # L06000031102					
1. Entity Name CASH MARTIN, LLC					
Principal Place of Business 4850 SW 72 AVE. MIAMI, FL 33155			Mailing Address 4850 SW 72 AVE. MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 9840 SW 77th Ave.		3. Mailing Address 9840 SW 77th Ave			
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301			
City & State Miami, FL		City & State Miami, FL			
Zip 33154		Country USA		4. FEI Number N/A	
				5. Certificate of Status Desired <input type="checkbox"/> - \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CERVANTES, MARIA E 4850 SW 72 AVE. MIAMI, FL 33155			7. Name and Address of New Registered Agent Name Cervantes, Maria E. Street Address (P.O. Box Number is Not Acceptable) 9840 SW 77th Avenue Suite 301 City Miami FL Zip Code 33154		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CERVANTES, PATRICIO 4850 SW 72 AVE. MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cervantes, Patricio 9840 SW 77th Avenue, #301 Miami, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600115067186 01/14/08--01055--004 ***277.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2007.2008	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>P. Cervantes</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date _____ Daytime Phone # _____	