Oct. 23. 2007 9:25AM No. 1060 P. 2

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000040558

1. Entity Name
SAMIR CABRERA, DANIELS VIEW, LLC

FILED
07 OCT 23 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600112128076

10222007 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
12800 UNIVERSITY DR. SUITE 500 FORT MYERS, FL 33907	12800 UNIVERSITY DR. SUITE 500 FORT MYERS, FL 33907
2. Principal Place of Business - No P.O. Box #: 8951 RIVER PALM CT.	3. Mailing Address: 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	7. Name and Address of New Registered Agent
CABRERA, SAMIR 12800 UNIVERSITY DR. SUITE 500 FORT MYERS, FL 33907	Name: Samir Cabrera Street Address (P.O. Box Number is Not Acceptable): 8951 River Palm CT City: Fort Myers FL Zip Code: 33919

BK

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] 239-223-1158
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	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CABRERA GP, LLC		NAME		
STREET ADDRESS	12800 UNIVERSITY DR., SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		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
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STREET ADDRESS			STREET ADDRESS		
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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: [signature] 10-22-07 239-223-1158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CORPORATION SERVICE COMPANY

L06000040558

ACCOUNT NO. : 072100000032

REFERENCE : 284418 80856A

AUTHORIZATION :

COST LIMIT : $ 1553

ORDER DATE : October 23, 2007

ORDER TIME : 9:42 AM

ORDER NO. : 284418-010 BK

CUSTOMER NO: 80856A

DOMESTIC FILINGS

BK

NAME: SAMIR CABRERA, DANIELS VIEW, LLC

RECEIVED
07 OCT 23 AM 10:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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TALLAHASSEE, FLORIDA