

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 24 PM 2:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000098989

1. Limited Liability Company's Name

Cat Palms, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

811 Shotgun Rd

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33326

Country

Broward (U.S.)

3. Mailing Office Address

811 Shotgun Rd

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33326

Country

Broward (U.S.)

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida October 10, 2006

6. FEI Number

26-4287657

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Terrell Duke

Street Address (P.O. Box Number is Not Acceptable)

811 Shotgun Rd

Suite, Apt. #, Etc.

City

Sunrise, FL

State

FL

Zip Code

33326

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Date 2/19/2009

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Terrell Duke	811 Shotgun Rd	Sunrise, FL 33326
			200144173542 02/23/09--01010--019 **416.25

REINSTATEMENT 07-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Date 2/19/2009

Daytime Phone # 954-472-4505

Typed or printed name of signing Managing Member/Manager Terrell Duke