


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 DEC 31 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000028712

1. Limited Liability Company's Name
Caves Branch Outpost LLC

2. Principal Office Address - No P.O. Box # 2000 Ponce De Leon Blvd		3. Mailing Office Address 2000 Ponce De Leon Blvd	
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. Suite 600	
City & State Coral Gables, FL.		City & State Coral Gables, FL.	
Zip 33134	Country USA	Zip 33134	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 03/15/2010	
6. FEI Number 27-2125508	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
ELM Group Enterprises, Inc

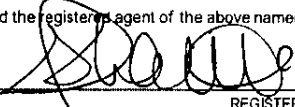
Street Address (P.O. Box Number is Not Acceptable) Suite
7171 Coral Way

Apt. #, Etc.
Suite 319

City Miami	State FL	Zip Code 33155
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01/04/16--01039--002 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Date **12/31/2015**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

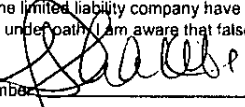
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Gegg, David	2000 Ponce De Leon Blvd, Suite 600	Coral Gables, FL. 33134
MGRM	Gegg, Deborah	2000 Ponce De Leon Blvd, Suite 600	Coral Gables, FL. 33134

DEC 31 2015
M. WILLIAMS

11. E-mail Address: **info@elmge.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member  Date **12/31/2015** Daytime Phone # **888-406-4142**

Typed or printed name of signing authorized representative/member **Pablo A Matilla**