

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT -5 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L1100007830

1. Limited Liability Company's Name

CMP Real Estate of Gainesville, FL LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 825 NW 13th Street		3. Mailing Office Address 825 NW 13th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32601	Country U.S.A.	Zip 32601	Country U.S.A.

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 30-0705192	<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 Christopher S. Martin			
Street Address (P.O. Box Number is Not Acceptable) 825 NW 13th Street			
Suite, Apt. #, Etc.			
City Gainesville	State FL	Zip Code 32601	

E-mail Address:
800240493738
10/05/12--01030--006 **238.75
gatorrealtor@hotmail.com
(To be used for future annual report notices)

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

Christopher S. Martin

Date 10/2/12

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
NGRM	Christopher S. Martin	825 NW 13th Street	Gainesville, FL 32601

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. 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 Managing
Member/Manager

Christopher S. Martin

Date 10/2/12

Daytime Phone # 352-213-1010

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT

2012 SBH