Kim Tadlock 800-432-3622 (03/03) 04/24/2017 03:19:00 PM H17000111995 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2015-2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000095805

1. Limited Liability Company's Name
CV2, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o Martin Burkett, Esq.		c/o Martin Burkett, Esq.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
98 S.E. 7th Street, Suite 1100		98 S.E. 7th Street, Suite 1100	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33131	Miami-Dade	33131	Miami-Dade

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 8/19/2011

6. FEI Number: 45-3120835 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1200 South Pine Island Road

Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33131

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: Kathryn A. Widdoes, Asst. Secretary Date: 04/24/2017

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
MGR	Martin Burkett	98 S.E. 7th Street, Suite 1100	Miami, FL, 33131

11. E-mail Address: _____
(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: 4/24/2017 Daytime Phone #: 305-374-5600

Typed or printed name of signing authorized representative/member: Martin Burkett

K. ASHTON

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
CV 2, LLC

Certificate of Status	0
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