

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2015-2017		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L11000096809			
1. Limited Liability Company's Name CV3, LLC			
2. Principal Office Address - No P.O. Box # c/o Martin Burkett, Esq. Suite, Apt. #, etc. 98 S.E. 7th Street, Suite 1100 City & State Miami, FL Zip 33131		3. Mailing Office Address c/o Martin Burkett, Esq. Suite, Apt. #, etc. 98 S.E. 7th Street, Suite 1100 City & State Miami, FL Zip 33131	
Country Miami-Dade		Country Miami-Dade	
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 8/19/2011			
6. FEI Number 45-3120872		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 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 <u>Kathryn A. Widdoes</u> Kathryn A. Widdoes, Asst. Secretary Date 04/24/2017 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	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. 817.165, F.S.			
Signature of authorized representative/member <u>Martin Burkett</u>		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
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
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.****

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LIMITED LIABILITY REINSTATEMENT
CV 3, LLC

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