

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000085921

1. Limited Liability Company's Name

CDC INVESTMENTS, LLC.

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

3000 SW 87th TER.

Suite, Apt #, etc

City & State

MIRAMAR, FL.

Zip

33025

Country

USA

3. Mailing Office Address

3000 SW 87th TER.

Suite, Apt #, etc

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

DEBORAH A. LARGIE

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

3000 SW 87th TER.

Apt #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

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

REGISTERED AGENT MUST SIGN

Date

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
AMBR	ANNETTE WELLINGTON	4543 SW 185th AVE.	MIRAMAR, FL. 33029

11. E-mail Address: SeaGrapeInvestments@GMAIL.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

4/21/20

Daytime Phone #

754-777-3537

Typed or printed name of signing authorized representative/member

DEBORAH LARGIE

20 MAY 18 PM 4:28

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04/27/20--01039--024 **655.00

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