

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2023 MAY 26 PM 4:46

DOCUMENT # L19000049246

1. Limited Liability Company's Name

CAB Capital and Investment Group LLC

SECRETARY OF STATE
TALLAHASSEE, FL
800 413 7322
09/18/23--01028--018 **477.50

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

19790 W Dixie Hwy

Suite, Apt. #, etc

801

City & State

Miami, FL

Zip

33180

Country

USA

3. Mailing Office Address

19790 W Dixie Hwy

Suite, Apt. #, etc

801

City & State

Miami, FL

Zip

33180

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/19/2019

6. FEI Number

83-3759437

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

David Fernandez

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

1 SE 3rd Ave

Apt. #, Etc.

2120

City

Miami

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

David Fernandez

Date 8/27/23

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
AMBR	Carlos A. Botero Penarete	4300 Biscayne Blvd, 203	Miami, FL, 33137
MGR	Leif Daniel Fernandez	55 SW 9th St, Apt. 4404	Miami, FL, 33130
		Reinstatement 22-23	

11. E-mail Address

Leifernandezjr@Cabgroup.org

(To be used for future annual report obligations)

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

L Fernandez

Date

8/27/23

Daytime Phone #

(766) 368-4661

Typed or printed name of signing authorized representative/member

Leif Fernandez