

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:42

DOCUMENT # L98000000059

1. Limited Liability Company's Name

CEGA MANAGEMENT, LLC

CR2E041 (8/05)

2. Principal Office Address

10398 E. TARA Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOYNTON BEACH

City & State

FL

Zip

33437

Country

USA

Zip

-

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

12/31/97

6. FEI Number

65-0805637

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

DANIEL JOLICOEUR

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

10398 E. TARA Blvd

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33437

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

REGISTERED AGENT MUST SIGN

Date 5/9/06

**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
PRES.	DANIEL JOLICOEUR	10398 E. TARA Blvd	BOYNTON BEACH FL 33437

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.

Signature of  
Managing Member/Manager

Date 5/9/06

Daytime Phone # 561-271-1527

Typed or printed name of signing Managing Member/Manager

DANIEL JOLICOEUR

Cega Management,LLc  
10398 E Tara Blvd.  
Boynton Beach, FL.33437

May 10, 2006

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL.32314

To Whom It May Concern:

See attached Reinstatement form for CEGA Management, LLC, and I Daniel Jolicoeur never received any Annual report document. My Registered agent was Larry J.Behar at the time.

Attached check for the annual report for year 2003-2004-2005 and 2006.

Thank you for understanding.

Sincerely,

A handwritten signature in black ink, appearing to read 'Daniel Jolicoeur', with a stylized flourish at the end.

Daniel Jolicoeur