

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

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DOCUMENT # L99000000441

1. Limited Liability Company's Name

CADY AND ASSOCIATES L.C.

CR2E041 (8/05)

2. Principal Office Address
12765 Aston Oaks Drive

Suite, Apt. #, etc.

City & State
FORT MYERS FL

Zip Country
33912-1462 USA

3. Mailing Office Address
12765 Aston Oaks Drive

Suite, Apt. #, etc.

City & State
FORT MYERS FL

Zip Country
33912-1462 USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida 01/19/1999

6. FEI Number
65-0909581

☒ 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
Thomas Z. Cady

Street Address (P.O. Box Number is Not Acceptable)
12765 Aston Oaks Drive

Suite, Apt. #, Etc.

City
Fort Myers

State Zip Code
FL 33912-1462

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

Thomas R. Cady
REGISTERED AGENT MUST SIGN

Date *Nov. 13, 2006*

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 |
|--------|--------------------------------------|---|--------------------------|
| MGR | Thomas Z. Cady | 12765 Aston Oaks Drive | Fort Myers, FL, 33912 |
| MGR | Andrew S. Le Bret | 605 Beaver Court | Milton, Ontario, L9T 4A8 |
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REINSTATEMENT 02-06

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

Andrew S. Le Bret *Thomas Z. Cady* Nov. 13/2006 Daytime Phone # 239-939-7693

Typed or printed name of signing Managing Member/Manager *Andrew Le Bret* *THOMAS Z. CADY*