

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 10 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000 007534**

1. Limited Liability Company's Name

CML Consultant, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
2728 Tiburon Blvd. E

3. Mailing Office Address
2728 Tiburon Blvd. E

Suite, Apt. #, etc.

Unit A-403

Suite, Apt. #, etc.

Unit A-403

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34109

Country

Zip

34109

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **11/08/1999**

6. FEI Number
593608403

☐ 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

Charles M. Lavin, Jr.

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

2728 Tiburon Blvd. E

Suite, Apt. #, Etc.

Unit A-403

City

Naples

State

FL

Zip Code

34109

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 **2/5/09**

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	Charles M. Lavin, Jr.	2728 Tiburon Blvd. E	Naples, Florida 34109

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02/12/09--01040--008 **937.50

REINSTATEMENT 04-09

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 **1-16-09**

Daytime Phone **(813) 941-8981**

Typed or printed name of signing Managing Member/Manager **Charles M. Lavin, Jr.**