

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

05 DEC 30 AM 10:30

DOCUMENT # M64000004229

1. Limited Liability Company's Name

CAYMAN GROUP, LLC

2. Principal Office Address

CAYMAN GROUP, LLC

Suite, Apt. #, etc.

1701 GREEN VALLEY PKWY

City & State

HENDERSON NV

Zip

89014

Country

CLARK

3. Mailing Office Address

CAYMAN GROUP, LLC

Suite, Apt. #, etc.

P.O. BOX 100466

City & State

CAPE CORAL, FL

Zip

33910

Country

LEE

*[Handwritten initials]*

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

10/04/2004

6. FEI Number

201484784

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

DAN R SHAW

200062576772

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

5231 SEMINOLE COURT

01/03/05--01/05/08--003 \*\*155.10

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

12/29/05

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.	DAN R SHAW	5231 SEMINOLE COURT	CAPE CORAL, FL 33904
MGR.	LORI SHAW	5231 SEMINOLE COURT	CAPE CORAL, FL 33904

REINSTATEMENT 2005

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

*[Handwritten Signature]*

Date

12/29/05

Daytime Phone #

239 549 3373

Typed or printed name of signing Managing Member/Manager

DANNY RICHARD SHAW