

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


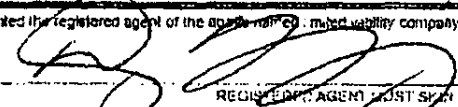
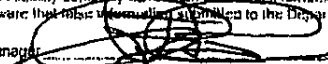
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000005313			
1. Limited Liability Company's Name Cabot North Orange 1 LLC			
2. Principal Office Address - No P.O. Box # 460 Hillside		3. Mailing Office Address 460 Hillside	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Santa Rosa CA		City & State Santa Rosa CA	
Zip 95409	Country USA	Zip 95409	Country USA
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 09-16-05	
6. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name NRAI Services Inc.			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. # Etc.			
City Plantation		State FL	Zip Code 33324
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 			Date 2/20/14
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
M	Robert A. Bergeron Bergeron	460 Hillside Drive	SANTA ROSA, CA 95409
11. E-mail Address. K.Berg1938@aol.com <small>(To be used for future annual report notifications)</small>			
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 requirements 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 it would under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.			
Signature of Authorized Representative/Manager 		Date 2/20/14	Daytime Phone # 707-587-6537
Typed or printed name of signing Authorized Representative/Manager			

FEB 24 2014

M. WILLIAMS