PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 MAR 24 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000005555

1. Limited Liability Company's Name

Cabot North Orange 23 LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1767 Lake Street	1767 Lake Street
Suite, Apt. #, etc	Suite, Apt. #, etc
San Mateo CA	San Mateo CA
Zip: 94403 Country: USA	Zip: 94403 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 09-26-05

6. FEI Number: ---- ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is 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

800257198268
03/24/14--01037--012 **138.75

800257198268
02/26/14--01030--025 **238.75

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: [signature] REGISTERED AGENT MUST SIGN

Date: 2/20/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR/M ~~OWNER~~	Michael Haddock	1767 Lake St.	San Mateo, Ca. 94403

11. E-mail Address: mikejh@myastound.net
(To be used for future annual report notifications)

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 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 608.0012, 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 if made 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: [signature] Date: 2-21-14 Daytime Phone #: 650-522-1115

Typed or printed name of signing Authorized Representative/Manager: K. ASHTON