

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 CORPORATION

08 JAN 17 PM 3:44

**DOCUMENT #**

1. Limited Liability Company's Name

M05000006764  
CSF ENTERPRISES, LLC

W08000004473

100115418501  
01/17/08--01042--012 \*\*421.25 ✓

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

2903 Waterview Circle

Suite, Apt. #, etc.

Suite 1

City & State

Palm Springs, Florida

Zip

33461

Country

USA

3. Mailing Office Address

2903 Waterview Circle

Suite, Apt. #, etc.

Suite 1

City & State

Palm Springs, Florida

Zip

33461

Country

USA

4. State/Country of Formation

Nevada, USA

5. Date Organized or Qualified  
To Do Business in Florida

December 5, 2005

6. FEI Number

EIN 80-0128142

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

Nadia Odjo

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

1520 North K Street

Suite, Apt. #, Etc.

City

Lakeworth

State

FL

Zip Code

33460

☒ 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

*Nadia Odjo*

REGISTERED AGENT MUST SIGN

Date *1/14/2008*

**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
MGRM	Simpson St. Fort	2903 Waterview Circle	Palm Springs, Florida 33461
MGR	Christy A. St. Fort	2903 Waterview Circle	Palm Springs, Florida 33461
MGR	Nadia Odjo	1520 North K Street	Lakeworth, Florida 33460
MGR	Joseph Odjo	1520 North K Street	Lakeworth, Florida 33460

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

*Simpson St. Fort*

Date *1/14/08*

Daytime Phone #

*(240) 422-9909*

Typed or printed name of signing Managing Member/Manager