PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 16 AM 11: 05

REINSTATEMENT 2000

DOCUMENT # _M9900000l320_

1. Limited Liability Company's Name
CARDENAS-TAYLOR, LLC

2. Principal Office Address
101 MILAM ST

Suite, Apt. #, etc.

City & State
SHREVEPORT LA

Zip _71101_   Country _USA_

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip   Country

4. State/Country of Formation
LA CADDO PARISH

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number _72-1451541_   Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name _CARDENAS, FERNANDO_

70000349884l7---4
-12/05/00---01113---0l9
****l55.00 ****l55.00

Street Address (P.O. Box Number is Not Acceptable)
3401 WEST HWY 318

Suite, Apt. #, Etc.

City _CITRA_   State **FL**   Zip Code _32113_

9. I, being appointed the registered agent for 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 _Nov 10 00_

CR2E041 (9/99)

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	TAYLOR, MICHELLE M	101 MILAM ST 71101	SHREVEPORT LA
MGRM	TAYLOR, FRANK H	101 MILAM ST. 71101	SHREVEPORT LA
MGRM	CARDENAS, FERNANDO	3401 WEST HWY 318	CITRA FL.

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 _Michelle M Taylor_ Date _11/1/00_ Daytime Phone # _318 455 3105_

Typed or printed name of signing Managing Member/Manager _____