


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

15 JUN -8 PM 2:30  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M13000005419</b> Limited Liability Company's Name <b>CPE HOLDING COMPANY LLC</b>			
2 Principal Office Address - No P.O. Box # <b>160 Green Tree Drive</b>		3 Mailing Office Address <b>237 Lancaster Avenue</b>	
State, Apt. # etc <b>101</b>		State, Apt. # etc <b>Devon PA</b>	
City & State <b>Dover DE</b>		City & State <b>Devon PA</b>	
Zip <b>19904</b>	Country <b>USA</b>	Zip <b>19333</b>	Country <b>USA</b>
6 Name and Address of Current Registered Agent Name <b>NRAI Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) Suite <b>1200 South Pine Island Road</b> Apt. # Etc City <b>Plantation</b>			
4 State/Country of Formation <b>Delaware</b>			
5 Date Organized or Qualified To Do Business in Florida <b>08/27/2013</b>			
5 FEI Number <b>27-1199520</b>		Applied For <input type="checkbox"/> Not Applicable	
7 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status			
9 I hereby appoint 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: <i>Michele Holden</i> <b>Michele Holden, Assistant Secretary</b> Date <b>06/04/15</b> REGISTERED AGENT MUST SIGN			
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
<b>CEO</b>	<b>JAMES STILL</b>	<b>304 Wisdman Ave</b>	<b>Oreland PA 19075</b>
<b>CFO</b>	<b>STEPHEN JOHNSON</b>	<b>2428 Waverly St</b>	<b>Philadelphia PA 19146</b>
<h1>REINSTATEMENT</h1> <p>2014 2015</p>			
11 E-mail Address: <b>johnsons@cpenow.com</b>			
12 I certify that I am an authorized representative/manager of 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 requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information and data 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member: <i>Stephen Johnson</i>		Date: <b>6/4/2015</b>	Corporate Phone #: <b>610-994-9632</b>
Typed or printed name of signing authorized representative/member: <b>Stephen Johnson</b>			

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CR2E041 (1/14)

JUN - 8 2015  
 M. WILLIAMS