

M066UW6108

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M06000006108

1. Limited Liability Company's Name

1 CSPC, LLC

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

934 N. UNIVERSITY DR.

Suite, Apt. #, etc.

#457

3. Mailing Office Address

934 N. UNIVERSITY DR.

Suite, Apt. #, etc.

#457

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL.

Zip

33071

Country

USA

Zip

33071

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

010855642

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

KENNY TANG

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

934 N. UNIVERSITY DR.

Suite, Apt. #, Etc.

#457

City

CORAL SPRINGS

State

FL

Zip Code

33071

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
MGR	KENNY TANG	934 N. UNIVERSITY DR. #457	CORAL SPRINGS, FL, 33071

REINSTATEMENT

2009-2010

11. E-mail Address: K5405390 @ YAHOO.COM

(To be used for future annual report notifications)

12. 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

Date 5/3/10

Daytime Phone #

954-540-5390

Typed or printed name of signing Managing Member/Manager KENNY TANG

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY -5 PM 2:00

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CR2E041 (11/09)