

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

01 NOV 28 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000001151**

1. Limited Liability Company's Name

THE CUSO, LLC

2. Principal Office Address

3469 Summit Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33406

Country

U.S.A.

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

JULY 1999

6. FEI Number

65-0977821

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

JOHN DEESE

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

3469 Summit Blvd

Suite, Apt. #, Etc.

400004719574-4

12/11/01-01097-005

*****155.00 ***155.00**

City

WEST PALM BEACH FL

State

FL

Zip Code

33406

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

Date **11/19/01**

REGISTERED AGENT MUST SIGN

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
MNG.	JOHN DEESE	3469 Summit Blvd.	WEST PALM BEACH, FL 33406
MNG.	C. STEPHEN TRIMMIER	2737 Highland Dr.	Birmingham AL 35205

REINSTATEMENT *OK - cus*
dec

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

Date **11/19/01**

Daytime Phone #

561/686-9006

Typed or printed name of signing Managing Member/Manager