

L000000004468

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

02 JAN 22 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004468

1. Limited Liability Company's Name

Cfm Management Group, LLC

2. Principal Office Address

2873 N.E. 35 Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33306

Broward

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida

4/17/00

6. FEI Number

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

Richard Ginsberg

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

2873 N.E. 35 Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33306

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

X

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/4/02

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	CFM Limited	Reid House 31 Church Street	Hamilton, Bermuda Hm12

REINSTATEMENT 2001-2002

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

[Signature]

Date

1/5/02

Daytime Phone #

441-292-6424

Typed or printed name of signing Managing Member/Manager

Peter Heighton

CR2041 (9/01)