

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

02 JAN -4 PM 12:55

DOCUMENT # **L00000005075**

1. Limited Liability Company's Name

Corporate Transformation Resources LLC

2. Principal Office Address

433 Isle of Palms

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

2465 RIVERS ROAD, NW

Suite, Apt

City & State

ATLANTA, GA

Zip

30305

Country

U.S.A.

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

4/15/00

6. FEI Number

65-1004477

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

ROBERT H. MILES

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

433 ISLE OF PALMS

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

300004768523--2

-01/11/02--01026--028

*******5.00 *****5.00**

*******150.00 *****150.00**

State

FL

Zip Code

33301

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

Robert Miles
REGISTERED AGENT MUST SIGN

Date **12-19-01**

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
MEM	ROBERT H. MILES	433 ISLE OF PALMS	FT. LAUDERDALE, FL 33301

REINSTATEMENT 2001

Rein 100.00
UBR 50.00
CLS 5.00
155.00

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

Robert Miles

Date

Daytime Phone #

12-19-01

Typed or printed name of signing Managing Member/Manager