


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 DEC 26 AM 10:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>L00000009360</u>					
1. Limited Liability Company's Name <u>CORNERSTONE PROCESSING ALLIANCE, LLC</u>					
2. Principal Office Address <u>11358 OKEECHOBEE BLVD</u> <small>Suite, Apt. #, etc.</small> <u>SUITE C</u> <small>City & State</small> <u>ROYAL PALM BEACH, FL</u> <small>Zip</small> <u>33411</u> <small>Country</small> <u>USA</u>			3. Mailing Office Address <small>Suite, Apt. #, etc.</small> <small>City & State</small> <small>Zip</small> <small>Country</small>		
			4. State/Country of Formation <u>FLORIDA</u> 5. Date Organized or Qualified To Do Business in Florida <u>AUGUST 2000</u> 6. FEI Number <u>52-2255038</u> <small>Applied For</small> <small>Not Applicable</small>		
			7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$300 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent					
<small>Name</small> <u>CHARLES FAREMOUTH</u> <u>800004762528-2</u> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <u>11358 OKEECHOBEE BLVD</u> <u>-01/09/02-01044-016</u> <small>Suite, Apt. #, Etc.</small> <u>SUITE C</u> <u>***150.00 ***150.00</u> <small>City</small> <u>ROYAL PALM BEACH</u> <small>State</small> <u>FL</u> <small>Zip Code</small> <u>33411</u>					
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.					
<small>Signature of Registered Agent</small> <u>X Charles Faremouth</u> <small>Date</small> <u>12/21/01</u> <small>REGISTERED AGENT MUST SIGN</small>					
10. Names and Street Addresses of Managing Members/Managers					
<small>Titles</small>	<small>Name of Managing Members/Managers</small>	<small>Street Address of Each Managing Member/Manager</small>	<small>City / State / Zip</small>		
<u>MGR</u>	<u>CHARLES FAREMOUTH</u>	<u>250 LAS PALMAS ST</u>	<u>ROYAL PALM BEACH, FL 33411</u>		
<u>MGR</u>	<u>GARY L. WEBB</u>	<u>108 N. LAKE SHORE DR</u>	<u>HYPOLEXO, FL 33462</u>		
REINSTATEMENT <u>01/dec</u>					
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.					
<small>Signature of Managing Member/Manager</small> <u>Gary L. Webb</u> <small>Date</small> <u>12/21/01</u> <small>Daytime Phone #</small> <u>561 791-8300</u>					
<small>Typed or printed name of signing Managing Member/Manager</small>					

CR2E041 (9/01)