

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

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DOCUMENT # L00000010709

1. Limited Liability Company's Name

C.G. II, LLC

2. Principal Office Address

329 Carlyle Lake Dr

Suite, Apt. #, etc.

City & State

St Louis Mo.

Zip

63141

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida

9-6-2000

6. FEI Number

487-420777

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DENNIS K BAYEN

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

306 S OCEANSHORE BLVD

900004717899-2

-12/11/01--01016--009

Suite, Apt. #, Etc.

***150.00 ***150.00

City

FLAGLER BEACH

State

FL

Zip Code

3213261

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

Dennis K Bayen

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
<u>Myrm</u>	<u>George Galakatos</u>	<u>329 Carlyle Lake Dr</u>	<u>St Louis Mo. 63141</u>
<u>Myrm</u>	<u>Cory Galakatos</u>	<u>329 Carlyle Lake Dr</u>	<u>St Louis Mo. 63141</u>
		<u>Rein 100</u>	
		<u>UBR 50</u>	
		<u>150</u>	
		REINSTATEMENT	<u>2001</u> <u>nr</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.

Signature of Managing Member/Manager

George Galakatos

Date

10/24/01

Daytime Phone #

314.567.3356

Typed or printed name of signing Managing Member/Manager

CR2001 (9/01)