

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 13 PM 4:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L000000012484

1. Limited Liability Company's Name

CGI L.L.C.

2. Principal Office Address

150 SE 2nd Ave

Suite, Apt. #, etc.

609 Suite

City & State

Miami Florida

Zip

33131

Country

USA

3. Mailing Office Address

150 SE 2nd Ave

Suite, Apt. #, etc.

609

City & State

Miami Florida

Zip

33131

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

October 13, 2000

6. FEI Number

651157200

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

Edward Yevoli Perlman, Yevoli & Albright, P.L.C. / Attn: Edward Yevoli, Esq

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

1500 North Federal Highway

Suite, Apt. #, Etc.

Suite 250

City

Fort Lauderdale

300039081313

07/13/04

State

FL

Zip Code

33304

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

Edward Yevoli, Vice President

REGISTERED AGENT MUST SIGN

Date

7/8/04

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	Salomon Kassin-Tesone	150 SE 2nd Ave Suite 609	Miami Florida 33131

REINSTATEMENT

2003
2004

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

July 6, 2004

Daytime Phone #

3058102740ex21

Typed or printed name of signing Managing Member/Manager

SALOMON KASSIN-TESTONE