

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR 26 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L00000012943

1. Limited Liability Company's Name

C. S. P. COMPANY, LLC

2. Principal Office Address

4770 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 950

City & State

MIAMI, FL

Zip

33137

Country

USA

3. Mailing Office Address

4770 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 950

City & State

MIAMI, FL

Zip

33137

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

10/23/2000

6. FEI Number

65-1048976

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

FELDENKRAIS, MICHAEL ESQ

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

201 SOUTH BISCAYNE BLVD

Suite, Apt. #, Etc.

34TH FLOOR - MIAMI CENTER

City

MIAMI

State

FL

Zip Code

33131-4325

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

REGISTERED AGENT MUST SIGN

Date 03/11/2002

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>MGRM</u>	<u>MATEO, SILVEIRO</u>	<u>4770 BISCAYNE BLVD, SUITE 950</u>	<u>MIAMI / FL / 33137</u>
			<u>100005177491--8</u>
			<u>04/01/02 01007 012</u>
			<u>***205.00 ***205.00</u>
		<u>REINSTATEMENT</u>	<u>01-02 CUS</u>
			<u>dcc</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

Date 03/11/02 Daytime Phone# 305-9450777

Typed or printed name of signing Managing Member/Manager

MATEO, SILVEIRO

CR2E041 (9/01)