C	D LIABILITY OMPANY STATEMENT	FLORIDA	DEPAF Secreta	RTMENT OF ry of State CORPORATIONS		2	03 .	JAN 29	PM 1:5		
DOCUMENT # 20/000002898 1. Limited Liability Company's Name CGF SCCUVI TICS, LLC							SEC TAUL/	KÉTARY AHASSE	OP STA E.FLOR	IL IDA	
2. Principal 225	Office Address NE MIZNOV BIVE	3. Mailing (ng Office Address			4. State/Coun					7
Suite, Apt. #	tc 750	Suite, Apt. #	Suite, Apt. #, etc.			5. Date Organ To Do Busi			12310		
BOCC	i Ratin, FL	City & State	City & State			6. FELNumbe	<u>"</u> &!.O			Applied For Not Applicable	
^{Zip} 3343	32 Palm Bad	Zip		Country		7.		S DESIRED	\$5.00 Additi	onal Fee requirificate of Status	red
Signature of											5041 (10/02)
Registered A		REGISTERED		T SIGN	<u>-</u>		Date _	1120			CR2E041
Titles	es and Street Addresses of Managing Members/Managers Name of Managing Members/Managers			Street Address of Each Managing Member/Manager				City :	/ State / Zip		1
KARM	Alan Jacobs			Same as above#2]
KAM	Michael Jacobs			same as above #2				· · · · · · · · · · · · · · · · · · ·			
				,	REIR	ISTAT	EM	ENT	20	72 -	-
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 filling 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 Manager Date 128/03 Daytime Phone # 561-367-7107 Without Touchs Typed or printed name of signing Managing Member/Manager MICHOL TOUCHS											