

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 APR 11 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 01000008566

1. Limited Liability Company's Name

C.N. TECHNOLOGY LLC

2. Principal Office Address - No P.O. Box #

136 NE 4TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

136 NE 4TH AVE

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FLORIDA

City & State

Zip

33441

Country

USA

Zip

33441

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

08/30/2001

6. FEI Number

65-1114201

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

MORRIS GIRON

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

130 NE 4TH Avenue

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/21/08

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
MAN	QUINTIN JAMES	757 SE 17th STREET #991	FORT LAUDERDALE FL 33316
MAN	ANNELE VORSTER	757 SE 17th STREET #991	FORT LAUDERDALE 33316
REINSTATEMENT			
L. SELLERS			

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

[Signature]

EXAMINER

Date 3/21/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

MAN