PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY				04 MPR -2 AM 8:57 SECRETARY OF STATE TAULAHASSEE, FLORIDA	
DOCUMENT # LÓ10000 9357 1. Limited Liability Company's Name CXM INT. TRADE CO-LIC					
	· <u>-</u>		$\begin{bmatrix} & 1 \end{bmatrix}$	00031751961	
Suita, Apt. #, etc.			FL.		
			5. Dete Organ To Do Busi	ized or Qualified 6/12/200/	
City a State Boca Robon FL-	City & State	Same	6. FEI Numbe	651124851 Applied For Not Amplied Har	
250 COUNTY SA	(Z in	Country	7. CERTIFICATE	OF STATUS OF SIREN S.5.00 Additional Fee required for a Commence of Signal	
8. Name and Aridress of Current Registered Agent					
Street Address (P.O. Box Number is	Not Acceptable) S. ST-			State Tin Care	
				FL 32301	
9. I, being appointed the registered agent of the a Signature of Registered Agent	SECRETARY OF STATE ATTEMENT DIAGNOSO OF CORPORATIONS TO CORPORATION STATE AND				
10. Names and Street Addresses of Managing N	embers/Managers				
	egers ,			City / State / Zip	
man button Geore CHIT	YAT	10479 MATEO) CT.	· · · · · · · · · · · · · · · · · · ·	
			STATE	WENT 03.04	
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 508, F.S. I further certify that when fiting this reinstatement application the reason for dissolution has been eliminated, the limited facility company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited fiability 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 ceth.					
Typed or printed name of signing Managing Member/Manager GEORGE CHITY HT					