L01000018149

LIMITED LIABILITY COMPANY REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS	**FILED** 05 MAY 16 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L01000018149

COMPLETE SITE DELOPMENT, LLC

2. Principal Office Address	**3.** Mailing Office Address	
5201 Blue Lagoon Dr.	Same	**4.** State/Country of Formation
Suite, Apt. #, etc. Penthouse	Suite, Apt. #, etc. Same	**5.** Date Organized or Qualified To Do Business in Florida 10/22/01
City & State Miami, Florida	City & State Same	**6.** FEI Number 13-422-8569 ☐ Applied For ☐ Not Applicable
Zip 33126 Country US	Zip Same Country Same	**7.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Peter Richter	8000022289578 08/13/03--01059--010 **20 .00
Street Address (P.O. Box Number is Not Acceptable) 5201 Blue Lagoon Drive	8000022289578 05/16/05--01031--008 **100.00
Suite, Apt. #, Etc. Penthouse	
City Miami Florida	State FL Zip Code 33126

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 _____ Date 08/06/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	Peter Richter	5201 Blue Lagoon Drive	Miami, Florida -
		REINSTATEMENT 2002 2005	

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 8/6/03 Daytime Phone # (305) 218-3794

Typed or printed name of signing Managing Member/Manager _____