PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 MAY 24 PM 4:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000025803

1. Limited Liability Company's Name
CPC, L.L.C.

2. Principal Office Address
3541 Bonita Bay Boulevard
Suite, Apt. #, etc.
City & State: Bonita Springs, Florida
Zip: 34134 Country: USA

3. Mailing Office Address
P.O. Box 110340
Suite, Apt. #, etc.
City & State: Naples, Florida
Zip: 34108 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: October 1, 2002

6. FEI Number: 54-2076899 — 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: Skrivan, Kent A. Esq.
Street Address (P.O. Box Number is Not Acceptable): c/o Butzel Long, 801 Laurel Oak Drive
Suite, Apt. #, Etc.: Suite 705
City: Naples State: FL Zip Code: 34108

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] Date: May 18, 2004
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	Jennie Cheng	(P.O. Box 1709 Naples FL 34106)	
		P. O. Box 1709	Naples, FL 34106
			100037059501 05/24/04--01108--008 **200.00
	REINSTATEMENT 2003-04		

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] Date: 5/20/04 Daytime Phone #: 2394042076

Typed or printed name of signing Managing Member/Manager: Jennie Cheng