

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 8:19

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000026718

1. Limited Liability Company's Name

C. S. P. INVESTMENTS, L. L. C.

400074055544
05/05/06--01019--013 **250.00

CR2E041 (8/05)

2. Principal Office Address
7817 MCPHERSON DR.

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY

Zip
34653

Country
USA

3. Mailing Office Address
7817 MCPHERSON DR.

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY

Zip
34653

Country
USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 10/10/2002

6. FEI Number
43-1984000

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
W. C. KEITH

Street Address (P.O. Box Number is Not Acceptable)
1517 COMMERCIAL PARK DR.

Suite, Apt. #, Etc.

City
LAKELAND

State Zip Code
FL 33801

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

REGISTERED AGENT MUST SIGN

Date 4/3/06

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
MGRM	CHRISTOPHER POLISENO	7817 MCPHERSON DR.	NEW PORT RICHEY, FL 34653

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 4/3/2006

Daytime Phone # (727) 243-0917

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER POLISENO