

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:51

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000029649

1. Limited Liability Company's Name

CHI I & ED, LLC

2. Principal Office Address

3355 NE 33RD ST.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

3355 NE 33RD ST.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

11/5/02

6. FEI Number

010772930

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

Edward Humphrey

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

3355 NE 33RD ST.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33308

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

Edward Humphrey
REGISTERED AGENT MUST SIGN

Date

5/15/06

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
<u>MEM.</u>	<u>Edward Humphrey</u>	<u>3355 NE 33RD ST.</u>	<u>Ft. Lauderdale, FL 33308</u>

REINSTATEMENT 04-06

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

Edward Humphrey
Edward Humphrey

Date 5/15/06

Daytime Phone #

954.444.2738

Typed or printed name of signing Managing Member/Manager