PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL -5 AM 8:41

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000077379270
07/12/06--01011--003 **250.00

CR2E041 (8/05)

DOCUMENT # L03000036468

1. Limited Liability Company's Name
CPR4U, L.L.C.

2. Principal Office Address	3. Mailing Office Address
c/o Hines Norman Hines, P.L.	c/o Hines Norman Hines, P.L.
Suite, Apt. #, etc.: 315 S. Hyde Park Avenue	Suite, Apt. #, etc.: 315 S. Hyde Park Avenue
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33606 Country:	Zip: 33606 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/24/2003

6. FEI Number: 20-0257232 ☐ 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: Christopher H. Norman

Street Address (P.O. Box Number is Not Acceptable): 315 S. Hyde Park Avenue

Suite, Apt. #, Etc.:

City: Tampa, Florida State: FL Zip Code: 33606

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: C. Norman Date: 6/29/06
REGISTERED AGENT MUST SIGN

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	Yun T. Chang	10102 Lake Cove Lane	Tampa, Florida 33618
MGRM	Joseph D. Galluppo	22818 Sills Loop	Land O' Lakes, Florida 34639
		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: Yun T. Chang Date: 6/21/06 Daytime Phone #: (813) 929-9818

Typed or printed name of signing Managing Member/Manager: Yun T. Chang