L03000055591

FILED
04 OCT 19 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000055591

1. Limited Liability Company's Name
CBT HOLDINGS, LLC

04

BK

2. Principal Office Address	3. Mailing Office Address
3000 N.W. 125 Street	3000 N.W. 125 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33167 Country: USA	Zip: 33167 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 20-0661178 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301-2525

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 Jeanine Reynolds as its agent Date 10-19-04

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	Alberto Lensi	3000 N.W. 125 Street	Miami, FL 33167

REINSTATEMENT 2004

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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 608.408, F.S., and that all fees owed by this 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 12 OCT 04 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager ALBERTO LENSI

CSC

CORPORATION SERVICE COMPANY

L03000055591

ACCOUNT NO. : 072100000032

REFERENCE : 933130 4336650

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 19, 2004

ORDER TIME : 3:30 PM

ORDER NO. : 933130-005

CUSTOMER NO: 4336650

CUSTOMER: Ms. Michelle E. Smith
Baker & Mckenzie
Suite 1700
1111 Brickell Avenue
Miami, FL 33131

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DOMESTIC FILINGS

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: CBT HOLDINGS, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____