

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000002528

1. Limited Liability Company's Name

CPPR, LLC

900086822229
01/31/07--01049--011 **255.00

CR2E041 (8/05)

2. Principal Office Address

89 Dickman Drive

Suite, Apt. #, etc.

3. Mailing Office Address

89 Dickman Drive

Suite, Apt. #, etc.

City & State

Lavallette, New Jersey

City & State

Lavallette, New Jersey

Zip

08735

Country

USA

Zip

08735

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/09/2004

6. FEI Number

20-0572991

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)

120 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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]
REGISTERED AGENT MUST SIGN

Date

1/22/07

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	Samuel D. Polese	89 Dickman Drive	Lavallette, NJ 08735
MGRM	Thomas J. Palermo	3798 Cocolake Drive	Coconut Creek, FL 33073
MGRM	Peter Russell	2845 NE 9th Street, Unit 504	Fort Lauderdale, FL 33304

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

1-19-07

Daytime Phone #

201-970-5529

Typed or printed name of signing Managing Member/Manager

Samuel D. Polese