

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 9:24

DOCUMENT # L04000026441

1. Limited Liability Company's Name

CP WEST, LLC

2. Principal Office Address

751 PARK OF COMMERCE DRIVE

3. Mailing Office Address

751 PARK OF COMMERCE DRIVE

Suite, Apt. #, etc.

SUITE 128

Suite, Apt. #, etc.

SUITE 128

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

04/07/2004

6. FCI Number

NONE

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

NANCY B. COLMAN

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

150 E. PALMETTO PARK ROAD

Suite, Apt. #, Etc.

SUITE 750

City

BOCA RATON

State

FL

Zip Code

33432

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

Nancy B. Colman

REGISTERED AGENT MUST SIGN

Date 11/22/2006

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	JACK PECHTER	751 PARK OF COMMERCE DRIVE, SUITE 128	BOCA RATON, FL 33487
MGR	DAVID LORING	751 PARK OF COMMERCE DRIVE, SUITE 128	BOCA RATON, FL 33487
MGR	SHELLY HIMMELRICH	751 PARK OF COMMERCE DRIVE, SUITE 128	BOCA RATON, FL 33487

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REINSTATEMENT
REINSTATEMENT

05-06

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

David Loring

Date 11/22/2006

Daytime Phone # 561-982-7770

Typed or printed name of signing Managing Member/Manager

David Loring, Manager