

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2014 AUG 25 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000071999

1. Limited Liability Company's Name

C PLUS B, LLC (formerly known as C and B, LLC)

2. Principal Office Address - No P.O. Box #

3880 Breckinridge Drive

Suite, Apt. #, etc.

City & State

Okemos, MI

Zip

48864

Country

USA

3. Mailing Office Address

3880 Breckinridge Drive

Suite, Apt. #, etc.

City & State

Okemos, MI

Zip

48864

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida
9/30/2004

6. FEI Number

20-098301

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

Lisa H. Lipman, Esq.

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

Roetzel & Andress

Suite, Apt. #, Etc.

850 Park Shore Drive

City

Naples

State

FL

Zip Code

34103

REINSTATEMENT

AZ

300263641713

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/22/2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AZ	Marc Conlin	3880 Breckinridge Drive	Okemos, MI 48864

11. E-mail Address: llipman@ralaw.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date

8/22/14

Daytime Phone #

239-213-3803

Typed or printed name of signing Authorized Representative/Manager

Lisa Lipman, Esq., attorney for Marc Conlin