

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 DEC -4 PM 12: 58

DOCUMENT # L05000063389

1. Corporation Name  
*Customer Experience Experts, LLC*

2. Principal Office Address - No P.O. Box #  
*10200 SR 84*

3. Mailing Office Address  
*10200 SR 84*

Suite, Apt. #, etc.  
*Ste 224*

Suite, Apt. #, etc.  
*ste 224*

City & State  
*Davie FL*

City & State  
*Davie, FL*

Zip Country  
*33324 Broward*

Zip Country  
*33324 Broward*

4. Date Incorporated or Qualified To Do Business in Florida  
*4/22/2005*

5. FEI Number  
*02-0745415*

6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
*Adrienne P. Brown*  
Street Address (P.O. Box Number is Not Acceptable)  
*10200 SR 84*  
Suite, Apt. #, Etc.  
*ste 224*  
City  
*Davie*

State Zip Code  
**FL** *33324*

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]*

Date *11/28/07*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGM	Adrienne Brown	401 E oakland park Blvd	Ft. Lauderdale, FL 33334
MGM	Michael Buckland	6752 Duval Ave	West palm beach, FL 33411

**REINSTATEMENT 2006-2007**

100112717551  
11/30/07--01017--014 \*\*300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *11/28/07* Daytime Phone #