

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2013 SEP 16 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000073999

1. Limited Liability Company's Name
Cornerstone II LLC

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

1321 Upland Drive

Suite, Apt. #, etc.

Suite 3726

City & State

Houston TX

Zip

77043

Country

USA

3. Mailing Office Address

1321 Upland Drive

Suite, Apt. #, etc.

Suite 3726

City & State

Houston TX

Zip

77043

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/28/2005

6. FEI Number

20-3244457

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Registered Agent Inc.

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

3030 North Rocky Point Dr.

Suite, Apt. #, Etc.

Suite 150A

City

Tampa

State

FL

Zip Code

33607

E-mail Address:

200251763122
09/16/13--01046--008 **853.75

alanl@aps-cpa.com

(To be used for future annual report notices)

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

Dan Keen - President

Date 9/12/13

REGISTERED AGENT MUST SIGN

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	Christian Ruth	1321 Upland Drive, Suite 3726	Houston, TX 77043

REINSTATEMENT 09-13

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 9/12/13

Daytime Phone #

(215) 369-3400

Typed or printed name of signing Managing Member/Manager

SEP 17 2013