

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 NOV -6 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300137854873
11/12/08--01043--010 **277.50

CR2E041 (10/08)

DOCUMENT # L06000002454

1. Limited Liability Company's Name

CWL II LLC

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

1177 GEORGE BUSH BLVD

Suite, Apt. #, etc.

SUITE 100

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

3. Mailing Office Address

1177 GEORGE BUSH BLVD

Suite, Apt. #, etc.

SUITE 100

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 01-09-2006

6. FEI Number

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

JOSEPH C DIAMOND

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

1177 GEORGE BUSH BLVD

Suite, Apt. #, Etc.

SUITE 100

City

DELRAY BEACH

State

FL

Zip Code

33483

☒ A \$100 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 \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 11-5-2008

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	JOSEPH C DIAMOND	1177 GEORGE BUSH BLVD, STE 100	DELRAY BEACH, FL 33483

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

Date 11-5-2008

Daytime Phone #

Typed or printed name of signing Managing Member/Manager