

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 16 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/15/10--01052--010 **421.25

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LOG000038798

1. Limited Liability Company's Name

CP + CG LLC

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

12100 BALTIMORE AVE

Suite, Apt. #, etc.

City & State

BELTSVILLE, MD

Zip

20705

Country

USA

3. Mailing Office Address

12100 BALTIMORE AVE

Suite, Apt. #, etc.

City & State

BELTSVILLE, MD

Zip

20705

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

4-13-2006

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

LISA ANN BAILEY

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

13 ANGEL FISH CAY DRIVE

Suite, Apt. #, Etc.

City

KEY LARGO

State

FL

Zip Code

33037

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

Lisa Ann Bailey
REGISTERED AGENT MUST SIGN

Date 3/10/2010

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
<u>MGRA</u>	<u>KEVIN J CASSIDY</u>	<u>12100 BALTIMORE AVE</u>	<u>BELTSVILLE, MD 20705</u>

REINSTATEMENT 08-10
KB

11. E-mail Address: KCASSIDY@KC-PELLA.COM

(To be used for future annual report notifications)

12. 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

Kevin J Cassidy

Date

3/10/2010

Daytime Phone #

240-508-3908

Typed or printed name of signing Managing Member/Manager

KEVIN J CASSIDY