


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L 06000075123

1. Limited Liability Company's Name

CSL Enterprise LLC

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

5791 Windhover Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32819

Country

Orange

Zip

Country

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

7/6/06

6. FEI Number

20-5301341

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

Ted Coolidge

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

5791 Windhover Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

☒ 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

Ted Coolidge

REGISTERED AGENT MUST SIGN

Date 10/22/08

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
m6rm	Ted Coolidge	5791 Windhover Dr	Orlando FL 32819
m6rm	Robert Coolidge	5791 Windhover Dr	Orlando FL 32819
	277.50		

REINSTATEMENT 07.08

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

Ted Coolidge

Date 10/22/08

Daytime Phone# 407-415-2269

Typed or printed name of signing Managing Member/Manager

Ted Coolidge