

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR -3 PM 1:22

DOCUMENT # 1.07000001924

1. Limited Liability Company's Name

CCI GROUP LLC

100144783161
03/03/09--01003--001 **302.50

CR2E041 (10/08)

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

257 NW 35TH STREET

3. Mailing Office Address

257 NW 35TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida 01/01/2007

6. FEI Number

20-8311367

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

MR AHMAD A CHEHAB

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

6740 BROOKHURST CIRCLE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33463

☒ 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

Date 02/20/2009

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	MR AHMAD A CHEHAB	6740 BROOKHURST CIRCLE	LAKE WORTH, FL 33463

REINSTATEMENT

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 02/20/2009

Daytime Phone # 561-602-8135

Typed or printed name of signing Managing Member/Manager MR AHMAD A CHEHAB