

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN 15 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800182091738
06/15/10--01013--010 **416.25

CR2E041 (11/09)

DOCUMENT # L07000077290

1. Limited Liability Company's Name

CSCS, LLC

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

1354 AZALEA DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

City & State

DUNEDIN

City & State

FLORIDA

Zip

34698

Country

U.S.A.

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/27/2007

6. FEI Number

83-0490660

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

GABOR CSUTORTOKI

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

1354 AZALEA DRIVE

Suite, Apt. #, Etc

4

City

DUNEDIN

State

FL

Zip Code

34698

☒ 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

Gabor Csutortoki

Date 05/3/2010

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
MGRM	BEATA M. CSINTALAN	1354 AZALEA DRIVE	DUNEDIN, FL 34698

700180494637
05/06/10--01018--011 **5.00

REINSTATEMENT - 08-10

11. E-mail Address: Csinti.betti.79@Freemail.hu

(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

BEATA M. CSINTALAN

Date 05/03/2010

Daytime Phone # 727 687-8302

Typed or printed name of signing Managing Member/Manager BEATA M. CSINTALAN

C.S.