PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

13 OCT -8 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E041 (1/11)

12-13

DOCUMENT #

1. Limited Liability Company's Name

CG - WEST PALM BEACH, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
777 South Flagler Drive	777 South Flagler Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 1701	Suite 1701
City & State	City & State
West Palm Beach, FL	West Palm Beach, FL
Zip / Country	Zip / Country
33401 / USA	33401 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 11/13/2009

6. FEI Number: 271324397 ☐ 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: National Corporate Research, Ltd., Inc.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

E-mail Address: 000252590780

(To be used for future annual report notices)

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: Asst. Secretary Date: 10/8/2013

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
Member	DAVID ALAN BOYER	1355 GREENWOOD CLIFF 280	CHARLOTTE NC 28204

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Date: 10/8/2013 Daytime Phone #: (704) 895-6133

Typed or printed name of signing Managing Member/Manager: David Alan Boyer, Member

OCT - 8 2013

M. WILLIAMS

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/8/13

NAME: CG-West Palm Beach, LLC

TYPE OF FILING: Reinstatement

COST: $ 377.50

RETURN: Plain Copy Please

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2013 OCT -8 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ACKNOWLEDGE
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ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE Abbie Hodge