PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUL 22 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000029244

1. Limited Liability Company's Name
CIIC L.L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2109 Fleet Landing Blvd.	2109 Fleet Landing Blvd.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Atlantic Beach, FL	City & State: Atlantic Beach, FL
Zip: 32233 Country: U.S.	Zip: 32233 Country: U.S.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: March 09, 2011 effective 3/9/2011

6. FEI Number: 27-5384388 ☐ 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: Jeffrey A. Cramer
Street Address (P.O. Box Number is Not Acceptable): 3030 Hartley Road
Suite, Apt. # Etc: Suite 290
City: Jacksonville State: FL Zip Code: 32257

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Jeffrey A. Cramer (REGISTERED AGENT MUST SIGN) Date: 7-17-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Clinton T. Cooper	2109 Fleet Landing Blvd.	Atlantic Beach, FL 32233

REINSTATEMENT

JUL 22 2014
R. HUNT

11. E-mail Address: pleadings@cramerlawcenter.com and clintcoop@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in S. 817.155, F.S.

Signature of Authorized Representative/Manager: Clinton T. Cooper Date: 07/17/2014 Daytime Phone #: 904-592-6671

Typed or printed name of signing Authorized Representative/Manager: Clinton T. Cooper

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