

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -7 AM 8:12

DOCUMENT # L99000001836

1. Limited Liability Company's Name

CMT GROUP, LLC

CR2E041 (8/05)

2. Principal Office Address

201 E. Kennedy Blvd.

3. Mailing Office Address

201 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 950

Suite, Apt. #, etc.

Suite 950

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/01/1999

6. FEI Number

59-3571807

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

Cindy Knott Taylor

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

201 E. Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 950

City

Tampa

State

FL

Zip Code

33602

800082334158

12/07/06--01004--022 **\$506.00

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

Cindy Knott Taylor
REGISTERED AGENT MUST SIGN

Date 12/04/2006

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	Cindy Knott Taylor	201 E. Kennedy Blvd., Suite 950	Tampa, FL 33602
MGR	Linda Choate	201 E. Kennedy Blvd., Suite 950	Tampa, FL 33602
MGR	Dixie Miller	201 E. Kennedy Blvd., Suite 950	Tampa, FL 33602

REINSTATEMENT 03-06

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

Cindy Knott Taylor

Date 12/04/2006

Daytime Phone # 813-222-8982

Typed or printed name of signing Managing Member/Manager Cindy Knott Taylor