


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 14 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000008289

1. Limited Liability Company's Name

CEM EURO INDUSTRIES, LLC

2. Principal Office Address

1100 Imperial Drive

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34236

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/01/99

6. FEI Number

65-0964150

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

Sandra Manning

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

1100 Imperial Drive

Suite, Apt. #, Etc.

Suite 205

City

Sarasota

State

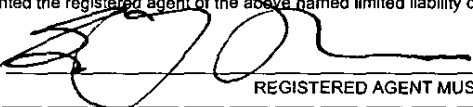
FL

Zip Code

34236

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

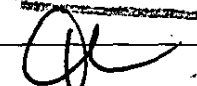


REGISTERED AGENT MUST SIGN

Date

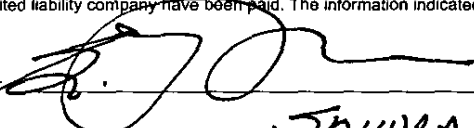
9/8/04

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
MEM MGR	Sandra Manning	1100 Imperial Drive, Suite 205	Sarasota, FL 34236
			500041525215 10/01/04--01017--002 **205.00
			REINSTATEMENT 03-04
			

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

9/8/04

Daytime Phone #

741-366-9547

Typed or printed name of signing Managing Member/Manager

SAVURA MANNING

CR2E041 (4/02)