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Florida Department of State
Division of Corporations
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RE-SUBMIT
Please retain original filing
date of submission 12/11/09

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.

Email Address: zamira@cmgcash.com

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LIMITED LIABILITY REINSTATEMENT
CAMBRIDGE MANAGEMENT GROUP LLC

Certificate of Status	0
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Page Count	023
Estimated Charge	$932.50

1 of 2

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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000002272

1. Limited Liability Company's Name

Cambridge Management Group, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
266 Harristown Road	Same
Suite, Apt. #, etc. 300	Suite, Apt. #, etc.
City & State Glen Rock, NJ	City & State
Zip 07452 Country Bergen	Zip Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 11/02/2000

6. FEI Number: 223713224 ☐ 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: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

☐ 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: Chris McNeair Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 12/11/2009

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
CEO	James N. Giordano	266 Harristown Road	Glen Rock, NJ 07452
EVP	Gregory C. Wilder	266 Harristown Road	Glen Rock, NJ 07452

REINSTATEMENT 04-09 AL

11. E-mail Address: greg@cmgcash.com / jng@cmgcash.com
(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: Jim N. Giordano Date: 12/07/09 Daytime Phone #: 201.407.4646

Typed or printed name of signing Managing Member/Manager: Jim N. Giordano