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Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

Phone : (850) 222-1092

Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 12/11/09

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

Email Address: zamira@cmg cash.com

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY REINSTATEMENT
CAMBRIDGE MANAGEMENT GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$932.50

1062

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2009 DEC 11 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M00000002272

1. Limited Liability Company's Name

Cambridge Management Group, LLC

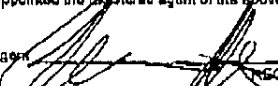
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 266 Harriestown Road		3. Mailing Office Address 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	

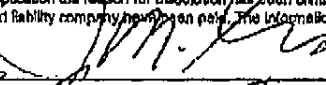
8. Name and Address of Current Registered Agent	
Name C T CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD	
Suite, Apt. #, Etc.	
City PLANTATION	State FL Zip Code 33324

☐ 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 McNear Assistant Secretary Date 12/11/2009

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Direct Address of Each Managing Member/Manager	City / State / Zip
CEO	James N. Giordano	266 Harriestown Road	Glen Rock, NJ 07452
EVP	Gregory C. Wilder	288 Harriestown Road	Glen Rock, NJ 07452

REINSTATEMENT 04-09 AL

11. E-mail Address: greg@cmgcash.com / jn@cmgcash.com	
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 608.408, 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 12/07/09 Daytime Phone # 201.407.4640
Typed or printed name of signing Managing Member/Manager Jim N. Giordano	