

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 8:43

DOCUMENT # M02000000181

1. Limited Liability Company's Name

Comprexex, LLC

2. Principal Office Address

14849 Firestone Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

14849 Firestone Blvd.

Suite, Apt. #, etc.

City & State

La Mirada

City & State

La Mirada

Zip

90638

Country

Los Angeles

Zip

90638

Country

Los Angeles

CR2E041 (8/05)

4. State/Country of Formation

California

5. Date Organized or Qualified
To Do Business in Florida

7/16/2001

6. FEI Number

95-4873490

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

Business Filings Incorporated

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

1203 Governors Square Blvd.

Suite, Apt. #, Etc.

Suite #101

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature]
AUL, Business Filings Incorporated
REGISTERED AGENT MUST SIGN

Date 10/4/05

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
MGRM	Jose F. Leon	14849 Firestone Blvd.	La Mirada, CA 90638

REINSTATEMENT 03-05

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

[Signature]

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Jose F. Leon