

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000000836

1. Limited Liability Company's Name

CCI-GP, L.L.C.

2. Principal Office Address - No P.O. Box #

14345 Northwest Freeway

Suite, Apt. #, etc.

City & State

Houston, Texas

Zip

77040

Country

USA

3. Mailing Office Address

14345 Northwest Freeway

Suite, Apt. #, etc.

City & State

Houston, Texas

Zip

77040

Country

USA

4. State/Country of Formation

Texas

5. Date Organized or Qualified

To Do Business in Florida 03/11/2003

6. FEI Number

710628204

☐ 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

Capitol Corporate Services, Inc

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

155 Office Plaza Dr

Suite, Apt. #, Etc.

Suite A

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

Coyle Winkle, asst sec
REGISTERED AGENT MUST SIGN

Date *10-20-2008*

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	Bell, Peter	14345 Northwest Freeway	Houston, Texas 77040
MGR	Ebrecht, Daryn	14345 Northwest Freeway	Houston, Texas 77040
	L. SELLERS		
	22 2008		
	EXAMINER		

REINSTATEMENT

De-08

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

Peter J. Bell

Date *17 Oct 2008*

Daytime Phone # *713.849.9300*

Typed or printed name of signing Managing Member/Manager *Peter J. Bell*

FILED

08 OCT 21 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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