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
06 JUN 21 AM 9:09

DOCUMENT # M03000001597

1. Limited Liability Company's Name
CM Tel (USA) LLC

CR2E041 (8/05)

Filing for Year of 2006

2. Principal Office Address	3. Mailing Office Address
700 Wilshire Blvd	700 Wilshire Blvd
Suite, Apt. #, etc.: 7th Floor	Suite, Apt. #, etc.: 7th Floor
City & State: Los Angeles, CA	City & State: Los Angeles, CA
Zip: 90017 Country: USA	Zip: 90017 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 05.20.2003

6. FEI Number: 94-333-7847 ☐ 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: SCS Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St

Suite, Apt. #, Etc.:

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: Cynthia M Stroud ASSISTANT SECRETARY Date: 6-6-06
REGISTERED AGENT MUST SIGN

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
manager	Chi Chiu Wu	700 Wilshire Blvd 7th Floor	Los Angeles, CA 90017
manager	Sean Luo	700 Wilshire Blvd 7th Floor	Los Angeles, CA 90017
			300076651333 06/27/06--01062--015 **255.00
			REINSTATEMENT 04-06

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: 6-1-2006 Daytime Phone #: 213-488 1951

Typed or printed name of signing Managing Member/Manager: Sean Luo