

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

Filing For Year of 2004

CR2E041 (8/05)

DOCUMENT #

1. Limited Liability Company's Name

CM Tel (USA) LLC

2. Principal Office Address

700 Wilshire Blvd

Suite, Apt. #, etc.

7th Floor

City & State

Los Angeles, CA

Zip

90017

Country

USA

3. Mailing Office Address

700 Wilshire Blvd

Suite, Apt. #, etc.

7th Floor

City & State

Los Angeles, CA

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

94-3337847

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

CSC Corporation Service Company

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

1201 Nays 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. Strouck

ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 6-6-06

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	Hau Tung Ying	700 Wilshire Blvd 7th Floor, LA, CA 90017	Los Angeles/CA/90017
manager	Sean Luo	700 Wilshire Blvd 7th Floor, LA, CA 90017	Los Angeles/CA/90017

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 6-1-2006 Daytime Phone # 213-4881951

Typed or printed name of signing Managing Member/Manager

Sean Luo