M03000001597

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAY 13 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # M03000001597

1. Limited Liability Company's Name

CM TEL (USA)LLC

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2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
700 S Flower Street		700 S Flower Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 750		Suite 750	
City & State		City & State	
Los Angeles,CA		Los Angeles, CA	
Zip	Country	Zip	Country
90017	USA	90017	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 Hays St,

Suite, Apt. #, Etc.:

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: Mary Jo Parola, Asst. Secretary — Date: 5/12/2008
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

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05/14/08--01037--027 **238.75

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State / Zip
EVP	Sean Luo	700 S. Flower Street, Suite750	Los Angeles, CA 90017

REINSTATEMENT 2007-2008

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05/14/08--01037--026 **143.75

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: 5/5/2008 Daytime Phone #: 213-4881951

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