M06000006108

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
10 MAY -5 PM 2:00

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05/05/10--01022--021 **282.50

CR2E041 (11/09)

DOCUMENT # M06000006108

1. Limited Liability Company's Name

1 CSPC, LLC

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2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
934 N. UNIVERSITY Dr.	934 N. UNIVERSITY Dr.
Suite, Apt. #, etc. #457	Suite, Apt. #, etc. #457
City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL.
Zip 33071 Country USA	Zip 33071 Country USA

4. State/Country of Formation USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 010855642 ☐ 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 KENNY TANG

Street Address (P.O. Box Number is Not Acceptable) 934 N. UNIVERSITY Dr.

Suite, Apt. #, Etc. #457

City CORAL SPRINGS State FL Zip Code 33071

☒ 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 _____ Date _____
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
MGR	KENNY TANG	934 N. UNIVERSITY Dr. #457	CORAL SPRINGS, FL, 33071

REINSTATEMENT 2009-2010

11. E-mail Address: KS405390 @ YAHOO.COM
(To be used for future annual report notifications)

12. 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 5/3/10 Daytime Phone # 954-540-5390

Typed or printed name of signing Managing Member/Manager KENNY TANG