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
03 DEC 19 AM 10:07

DOCUMENT # M98000001471

1. Limited Liability Company's Name
LAGF Associates--CPI, LLC

2. Principal Office Address	3. Mailing Office Address
101 West Main Street	101 West Main Street
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor
City & State Moorestown, NJ	City & State Moorestown, NJ
Zip 08057 Country	Zip 08057 Country

4. State/Country of Formation: Delaware, USA

5. Date Organized or Qualified To Do Business in Florida: 12-08-1998

6. FEI Number: 52-2130318 ☐ 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: Kochenour, Kenneth

Street Address (P.O. Box Number is Not Acceptable): 2801 East Colonial Drive

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32803

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: Kenneth Kochenour
REGISTERED AGENT MUST SIGN

Date: 12-16-2003

CR2E041 (10/02)

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
MGRM	Harport Associates, LLC	101 West Main Street	Moorestown, NJ 08057

12|17|03--01062--003--$205.00

REINSTATEMENT 02-03 GA

CWS

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: Barbara Evans Date: 12-16-2003 Daytime Phone #: 215-972-2222

Typed or printed name of signing Managing Member/Manager: Barbara Evans, Member of Harport Associates, LLC, Managing Member