

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -3 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004608

Name and Mailing Address

0001958 01 FP 0.352 **PRSRT T6 0 0615 33135-285054



CRYSTAL LAKES, LLC
2901 SW 8TH ST., STE. 204
MIAMI FL 33135-2850

000009307010
12/03/02--01011--008 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2901 SW 8TH ST., STE. 204 MIAMI FL 33135		5. Date Organized or Qualified To Do Business in Florida 03/26/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1121438 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
8. Name and Address of Current Registered Agent BOSCHETTI, JOSE R 2901 SW 3RD ST., STE. 204 MIAMI FL 33135		9. Name and Address of New Registered Agent Name Boschetti, Jose R. Street Address (P.O. Box Number is Not Acceptable) 2901 SW 8th St., Ste 204 City Miami FL Zip Code 33135	
10. 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 REGISTERED AGENT MUST SIGN Date 11/20/02			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CRYSTAL LAKES BENSCH, INC.	10400 GRIFFIN RD., STE. 104	COOPERCITY FL 33328-3320
MGR	Deerfield Beach Investments, LLC	2901 SW 8th St., Ste 204	Miami, FL 33135
REINSTATEMENT			

CR2E084 (8/02)

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

11/20/02

Daytime Phone #

305-541-7150

Typed or printed name of signing Managing Member/Manager