

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
and State Records  
Tallahassee, Florida

**L01000004608**

FILED

1. DOCUMENT # L01000004608  
Name and Mailing Address

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



*BK*

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/26/2001	
Principal Place of Business 2901 SW 8TH ST., STE. 204 MIAMI FL 33135	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1121438	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  BOSCHETTI, JOSE R 2901 SW 8TH ST., STE. 204 MIAMI FL 33135		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *[Signature]* **SIGNATURE REQUIRED** Date 11-7-03  
REGISTERED AGENT MUST SIGN

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	COOPER CITY FL 33328-3320
MGR	DEERFIELD BEACH INVESTMENTS, LLC	2901 SW 8TH ST., STE 204	MIAMI FL 33135
300024898103 11/21/03-01007--014 **155.00			
<b>REINSTATEMENT 2003</b>			
<i>BK</i>			

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 *[Signature]* **SIGNATURE REQUIRED** Date 11-7-03 Daytime Phone # (305) 332-0258