

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000009127

1. Limited Liability Company's Name
CRESCENT HOLDINGS, LLC

2. Principal Office Address - No P.O. Box # 10204 NW 47TH STREET		3. Mailing Office Address 10204 NW 47TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNRISE, FL		City & State SUNRISE, FL	
Zip 33351	Country US	Zip 33351	Country US

8. Name and Address of Current Registered Agent

Name
JOSEPH T. BROWN

Street Address (P.O. Box Number is Not Acceptable) Suite,
10204 NW 47TH STREET

Apt. #, Etc.

City
SUNRISE

State
FL

Zip Code
33351

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business In Florida
JANUARY 25, 2007

6. FEI Number ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **\$5.00 Additional Fee required for certificate of status**

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/20/2016

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JOSEPH T. BROWN	10204 NW 47TH STREET	SUNRISE, FL 33351

11. E-mail Address JTGB.HOME@GMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

JOSEPH T. BROWN MANAGER

Date

5/20/2016

Daytime Phone #

864 735 5023

FILED
2016 JUL 14 P 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E047114

JUN 15 2016
J. BRICE