

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
MAR 24 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

L98000003472

1. Limited Liability Company's Name

CRM INVESTMENT GROUP, LLC

2. Principal Office Address

3001 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 203

City & State

CORAL CABLES, FL

Zip

33134

Country

DADE

3. Mailing Office Address

3001 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 203

City & State

CORAL CABLES, FL

Zip

33134

Country

DADE

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

12.30.98

6. FEI Number

15-0885048

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

A.G.C. CO.

Street Address (P.O. Box Number is Not Acceptable)

200 S. ORANGE AVE. SUITE 2000

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32801

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.

A.G.C. Co.

Signature of
Registered Agent

By:

Richard T. Fulton REGISTERED AGENT MUST SIGN As: Vice President

Date **March 21, 2000**

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

MEM. CHARLES R. HAUSER

**3001 PONCE DE LEON BLVD
CORAL CABLES 334**

**CORAL CABLES, FL
- 33134 -**

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******200.00 ****200.00**

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

CHARLES R. HAUSER

Date

Daytime Phone # **(305) 445-9805**

Typed or printed name of signing Managing Member/Manager

CHARLES R. HAUSER