

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

Suite, Apt. #, etc.

City & State
SUNRISE, FL

Zip
33351

Country
US

3. Mailing Office Address
10204 NW 47TH STREET

Suite, Apt. #, etc.

City & State
SUNRISE, FL

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

300287985663
07/15/16--01001--010 **1348.75

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 |
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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

CR2E047714

JUN 15 2016
J. BRICE