# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

**LIMITED LIABILITY REINSTATEMENT**
**CROWLEY & CUMMINGS, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $377.50 |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M14000004111

1. Limited Liability Company's Name
CROWLEY & CUMMINGS, LLC

# REINSTATEMENT 15-16

CR2E041 (1/14)

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 980 Washington Street | | 980 Washington Street | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 123 | | | |
| City & State | | City & State | |
| Dedham, MA | | Dedham, MA | |
| Zip | Country | Zip | Country |
| 02026 | USA | 02026 | USA |

4. State/Country of Formation
Massachusetts

5. Date Organized or Qualified To Do Business in Florida
06/12/2014

6. FEI Number
42-1609655
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $6.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| Plantation | FL | 33324 |

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 _____ Date 10/31/2016

REGISTERED AGENT MUST SIGN Jordan Brown

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 | David Crowley | 980 Washington Street | Dedham, MA 02026 |
| MGR | Alicia Cummings | 980 Washington Street | Dedham, MA 02026 |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address: mrobbins@crowleycummings.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 12/1/2016 Daytime Phone # 781-251-0540

Typed or printed name of signing Authorized Representative/Manager David Crowley

K. ASHTON