

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 30 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000008351

Name and Mailing Address

0014715 01 AT 0.292 \*\*AUTO T3 3 0615 34135-285099



CRAWLAW, LLC  
28000 SPANISH WELLS BLVD.  
BONITA SPRINGS FL 34135-2850



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/17/2000	
Principal Place of Business 28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3660559	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  CRAWFORD, J. STEPHEN 28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <b>SIGNATURE REQUIRED</b> _____ Date _____ 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	CRAWFORD, J. STEPHEN	28000 SPANISH WELLS BLVD.	BONITA SPRINGS FL 34135

CR2EQ34 (7/03)

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10/30/03--01011--007 \*\*150.00

**REINSTATEMENT**

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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]*

Date 10.27.03

Daytime Phone (239) 949-1818

Typed or printed name of signing Managing Member/Manager