

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 DEC 22 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000012884

1. Limited Liability Company's Name

Crowley Enterprises U.S.A. LLC
#0103
4077 Tamiami Trail,
Naples Florida 34103

400043581604
12/22/04--01024--008 **205.00

2. Principal Office Address

4077 Tamiami Trail
Suite, Apt. #, etc.
#103

3. Mailing Office Address

4077 Tamiami Trail
Suite, Apt. #, etc.
#0103

4. State/Country of Formation

FLORIDA U.S.A.

5. Date Organized or Qualified

To Do Business in Florida October 20th 2002

6. FEI Number

65-1059915

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

City & State

Naples Florida

City & State

Naples Florida

Zip

34103

Country

U.S.A.

Zip

34103

Country

U.S.A.

8. Name and Address of Current Registered Agent

Name

Elmarie Crowley

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

4077 Tamiami Trail

Suite, Apt. #, Etc.

#103

City

Naples

State

FL

Zip Code

34103

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.

Signature of Registered Agent

Elmarie Crowley

Date 15-12-04

REGISTERED AGENT MUST SIGN

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
MANAGING MEMBER	ELMARIE CROWLEY	4077 Tamiami Trail Suite 103	Naples Florida 34103

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

Elmarie Crowley

Daytime Phone # 239-263-3447

Typed or printed name of signing Managing Member/Manager

ELMARIE CROWLEY

CR2E041 (10/02)