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
DOCUMENT # L 000000 14 74 2 1. Limited Liability Company's Name		O1 OCT 22 PM 12: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA
CROSBY EMERPHISES LLC		
2. Principal Office Address	3. Mailing Office Address	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt, #, etc.	Funion - USA 5. Date Organized or Qualified To Do Business in Florida
City & State DEERFIELD BEACH,	City & State	To Do Business in Florida OKEMSE Applied For Not Applicable
FL 33442 VSA	Zip — Gountry — -	CERTIFICATE OF STATUS DESIRED S000 Additional Garagnized to a Certificate of Status
8. Name and Address of Current Registered Agent		
Name		
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		
10. Names and Street Addresses of Managing Mer	nbers/Managers	· ·
Titles Name of Street Address of Each Managing Members/Managers Managing Member/Managers		ager City / State / Zip
proper Francis X CROSBY 130 MW 37 WAY		osentico beam, FL 33442
MGP.		
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 filling 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 Manager Date 10 16 0 Daytime Phone # (954) 429 8502		
Typed or printed name of signing Managing Member/Manager FRANCOS X CROSBY		