PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 JAN 14 PM 1:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000009427

1. Limited Liability Company's Name
CROWN PRODUCTS, LLC

2. Principal Office Address	3. Mailing Office Address
2557 NW 52 St.	2557 NW 52 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33496 Country: USA	Zip: 33496 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 06/13/2001

6. FEI Number: 651149250 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CFRA LLC

Street Address (P.O. Box Number is Not Acceptable): CORPORATE CENTER THREE AT INT'L PLAZA

Suite, Apt. #, Etc.: 4221 W. BOY SCOUT BLVD., 10th FLOOR

City: TAMPA State: FL Zip Code: 33607-5736

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: _____ Date: 1/11/05
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	JANE TRUNSKY	2557 NW 52 St.	BOCA RATON, FL 33496

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01/19/05--01044--005 **250.00

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 608.408, 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: Jane Trunsky / Manager Date: 1/11/05 Daytime Phone #: 9549171118

Typed or printed name of signing Managing Member/Manager: JANE TRUNSKY