

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

**L01000014151**

1. DOCUMENT # L01000014151

Name and Mailing Address

0000782 01 FP 0.352 \*\*PRSRT T3 0 0615 32805-661345



CRANE CREEK FUNDING, LLC  
3700 34TH STREET  
SUITE 120  
ORLANDO FL 32805-6613

FILED  
02 NOV 13 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

3700 34TH STREET  
SUITE 120  
ORLANDO FL 32805

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/22/2001

6. FEI Number

59-3471075

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

FRESE, GARY B  
930 S. HARBOR CITY BLVD.  
SUITE 505  
MELBOURNE FL 32901

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 GARY B. FRESE

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	<del>CZYMANSKI, NIKKI</del> Charles Lance	3700 34TH STREET	ORLANDO FL 32805

**REINSTATEMENT** 2002

BK

7000008737557  
11/01/02--01019--006 \*\*150.00

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

*C. Lance*

Date

10/23/02

Daytime Phone

407-650-8850

CR2E084 (8/02)