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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

REINSTATEMENT

Secretary of State

DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000002316

Name and Mailing Address

03 DEC -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0016002 01.MB 0.309 **AUTO T9 0 0615 32411-748888

CROWNING TOUCHES LLC

PO BOX 27488

TALLAHASSEE FL 32411-7488

TALLAHASSEE FL 32411-7488



2. New Mailing Address

P.O. Box 27488

City, State, Zip

Panama City Beach, FL 32411

Principal Place of Business

6505 THOMAS DRIVE

PANAMA CITY FL 32408

3. New Principal Place of Business Address

6505 Thomas Drive

City, State, Zip

Panama City Bch, FL 32408

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/31/2002

6. FEI Number

52-2335214

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

RUSSELL, CAROLYN
6505 THOMAS DRIVE, SUITE #1015
PANAMA CITY BEACH FL 32408

9. Name and Address of New Registered Agent

Name CAROLYN RUSSELL

Street 6505 THOMAS DR. #1015

Panama City Beach FL 32408

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 AgentCAROLYN RUSSELL
REGISTERED AGENT MUST SIGN

Date 11-26-03

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
MANAGER	Carolyn Russell	6505 Thomas Dr. P.O. B., FL 32411	Pcb, FL 32411

100025130331
12/01/03--01089--020 **\$150.00
REINSTATEMENT 2003
12/9/03

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

CAROLYN RUSSELL

Date

Daytime Phone

(850) 233-8433

Typed or printed name of signing Managing Member/Manager

CAROLYN RUSSELL

CR2E084 (7/03)