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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 30 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000023355

Name and Mailing Address

0004420 01 AT 0.292 **AUTO T9 0 0615 33009-701523

C.R. FIRST LTD. CO.
23 S.W. 8TH STREET
HALLANDALE FL 33009-7015

CR2E084 (7/03)

2. New Mailing Address
23 S.W. 8th street
City, State, Zip
Hallandale, Fl. 33009

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 09/09/2002

Principal Place of Business
23 S.W. 8TH STREET
HALLANDALE FL 33009

3. New Principal Place of Business Address
23 S.W 8th St.
City, State, Zip
Hallandale, Fl. 33009

6. FEI Number
54-2078514
☐ 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

JARA, WILLIAM N
23 S.W. 8TH STREET
HALLANDALE FL 33009

9. Name and Address of New Registered Agent

Name
William Marcelo JARA
Street Address (P.O. Box Number is Not Acceptable)
23 S.W 8th street
Hallandale,
City FL Zip Code 33009

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 X William SIGNATURE REQUIRED Date 12-28-03
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
President	WILLIAM JARA	23 S.W 8 St	HOLLANDALE FL 33009

900025900749
12/31/03--01061--003 **150.00

900025900749
01/30/04--01016--017 **50.00

REINSTATEMENT 03-04
dcc

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/Manage William SIGNATURE REQUIRED Date 01/19/04 Daytime Phone # 9542609045

Typed or printed name of signing Managing Member/Manager