

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

2004 JAN -6 AM 8:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000025512

Name and Mailing Address

0004543 01 AT 0.292 **AUTO T9 0 0615 33014-224999



OPP CRUNCH, LLC
6510 MAIN STREET
#11-103
MIAMI LAKES FL 33014-2249

US

700026047457
01/06/04--01005--020 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/30/2002	
Principal Place of Business 6510 MAIN STREET #11-103 MIAMI LAKES FL 33014 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 55-0806309	Applied For Not Applicable
8. Name and Address of Current Registered Agent LINDLEY, DAVID A D.O. 6510 MAIN STREET #11-103 MIAMI LAKES FL 33014		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
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 <i>[Signature]</i> SIGNATURE REQUIRED Date 10/19/03 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
MGRM	LINDLEY, DAVID A	6510 MAIN STREET #11-103	MIAMI LAKES FL 33014
MGRM	FONAROV, ILYA	730 NW 105 TERRACE	PEMBROKE PINES FL 33028
REINSTATEMENT 2003			

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/19/03 Daytime Phone # 305-820-6873

Typed or printed name of signing Managing Member/Manager DAVID LINDLEY, ILYA FONAROV

CR2E034 (7/03)