


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

04 JUL 21 PM 3:28

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000027029

1. Limited Liability Company's Name
Community Resource Development Group, LLC

2. Principal Office Address 13660 SW 17th CT Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box- 680442 Suite, Apt. #, etc.	
City & State Miramar, FL 33027		City & State Miami, FL	
Zip 33027	Country United States	Zip 33168	Country United States

REINSTATEMENT 03-04
jm

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
10/09/2002

6. FEI Number
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name
Shane A. Forrester

Street Address (P.O. Box Number is Not Acceptable)
13660 SW 17th CT

Suite, Apt. #, Etc.

City
Miramar, FL

State
FL

Zip Code
33027

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
Shane A. Forrester

REGISTERED AGENT MUST SIGN

Date
July 21, 2004

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
MANAGING MEMBER	Shane A. Forrester	13660 SW 17th CT	Miramar, FL 33027
MANAGING MEMBER	GERALD IRVING	P.O. BOX 680462 MIAMI, FL 33168	Miami, FL 33168

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07/22/04 - 01001 - 002 *\$200.00

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 608.406, 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
Gerald Irving

Date
4/21/04

Daytime Phone #
305 747-0389

Typed or printed name of signing Managing Member/Manager
Gerald Irving

CR2E041 (10/02)