

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000033272

1. Limited Liability Company's Name

CREST ESTATES III, LIMITED LIABILITY COMPANY

2. Principal Office Address

6611 LEONARDO ST.

Suite, Apt. #, etc.

City & State

CORAL GABLES

Zip

33146

Country

DADE

3. Mailing Office Address

P.O. BOX-144676

Suite, Apt. #, etc.

City & State

CORAL GABLES

Zip

33114

Country

DADE

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

12/11/02

6. FEI Number

☒ 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

Name

CLAUDIO PASTOR, JR.

Street Address (P.O. Box Number is Not Acceptable)

6611 LEONARDO ST.

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code
33146

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

Date 10/25/04

REGISTERED AGENT MUST SIGN

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
MGR	CLAUDIO PASTOR, JR.	6611 LEONARDO ST.	CORAL GABLES, FL 33136
MGR	ANTONIO J. GARCIA	7830 SW 120 ST.	PINECREST, FL 33156

REINSTATEMENT

2003-04-27

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

Date 10/25/04

Daytime Phone # 305-667-1100

Typed or printed name of signing Managing Member/Manager

CLAUDIO PASTOR, JR.

FILED

2004 NOV -2 AM 11:50

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CR2E041 (10/02)