

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L03-17532

1. Limited Liability Company's Name

crisajen enterprises llc

W0800005823

2. Principal Office Address - No P.O. Box #

79 crest place

Suite, Apt. #, etc.

City & State

destin, florida

Zip

32541

Country

usa

3. Mailing Office Address

79 crest place

Suite, Apt. #, etc.

City & State

destin, florida

Zip

32541

Country

usa

4. State/Country of Formation

florida/ usa

**5. Date Organized or Qualified
To Do Business in Florida**

5/15/2003

6. FEI Number

431844808

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

christian j. iverson

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

79 crest place

Suite, Apt. #, Etc.

City

destin

State

FL

Zip Code

32541

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/17/2008

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
mgrm	christian j. iverson	79 crest place	destin/florida/32541
mgr	terry l. iverson	115 seclusion circle	panama city beach/florida/32413

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**

[Signature]

Date 1/17/2008

Daytime Phone # 850-258-7099

Typed or printed name of signing Managing Member/Manager christian j. iverson

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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01/25/08--01004--005 **243.75**

CR2E041 (12/07)

REINSTATEMENT

06-08

[Signature]