

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 17 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L03000021546

1. Limited Liability Company's Name

CRAVIS HOLDINGS LLC

100136438601  
09/29/08--01061--005 \*\*238.75

CR2E041 (10/08)

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

6341 NE 20TH WAY

Suite, Apt. #, etc.

3. Mailing Office Address

6341 NE 20TH WAY

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida NOVEMBER 13, 2004

6. FEI Number

37-1474945

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

TRAVIS P HERRING

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

6341 NE 20TH WAY

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33308

☒ 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

*T. Herring*

Date 9/26/08

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

100136438601 10/22/08--01034--007 **38.75			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TRAVIS HERRING	6341 NE 20TH WAY	FORT LAUDERDALE FL 33308
MGRM	CHRISTOPHER GALLAGHER	"	"

L. SELLERS

OCT 20 2008

REINSTATEMENT

07-08

EXAMINER

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

*T. Herring*

Date 9/26/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

TRAVIS HERRING