

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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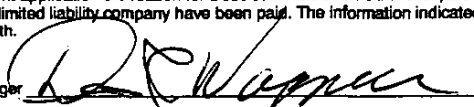
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CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # LO3000039589			
1. Limited Liability Company's Name CRANE S NEST, ONE, LLC			
2. Principal Office Address 1326 N DIXIE HWY		3. Mailing Office Address 1326 N DIXIE HWY	
Suite, Apt. #, etc. SUITE # 9		Suite, Apt. #, etc. SUITE # 9	
City & State LAKE WORTH FLA		City & State LAKE WORTH FLA.	
Zip 33460	Country PALM BEACH	Zip 33460	Country PALM BEACH

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name WAGNER DORIS R	
Street Address (P.O. Box Number is Not Acceptable) 1326 N DIXIE HWY	
Suite, Apt. #, Etc. SUITW # 9	
City LAKE WORTH	State FL
	Zip Code 33460

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 4-8-06	
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
MGRM	WAGNER DORIS R	1326 N DIXIE HWY	LAKE WORTH FL 33460
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 4-8-06	Daytime Phone # 561 582-7350
Typed or printed name of signing Managing Member/Manager			