

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 10 AM 10:17

DOCUMENT # LO3000039591

1. Limited Liability Company's Name

CRANE S NEST, TWO, LLC

800073452028  
05/01/06--01032--013 \*\*440.00

CR2E041 (8/05)

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

☒ 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  
WAGNER DORIS R

Street Address (P.O. Box Number is Not Acceptable)  
1326 N DIXIE HWY

Suite, Apt. #, Etc.  
SUITE # 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

*Doris R. Wagner*

REGISTERED AGENT MUST SIGN

Date 4-8-06

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

*Doris R. Wagner*

Date 4-8-06

Daytime Phone 561-588-1110

Typed or printed name of signing Managing Member/Manager