

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 18 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000002657

1. Limited Liability Company's Name

CRP HOLDINGS, LLC

CR2E041 (11/09)

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

1381 SAWGRASS CORPORATE PKWY

Suite, Apt. #, etc.

3. Mailing Office Address

1381 SAWGRASS CORPORATE PARKWAY

Suite, Apt. #, etc.

City & State

SUNRZSE FL

City & State

SUNRZSE FL

Zip

33323

Country

USA

Zip

33323

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

1/09/2004

6. FEI Number

71-0958566

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

BRIAN GORDON

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

1381 SAWGRASS CORPORATE PARKWAY

Suite, Apt. #, Etc.

City

SUNRZSE

State

FL

Zip Code

33323

☒ 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

Date

5/11/10

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
<u>MGR</u>	<u>ERIC FURMAN</u>	<u>1381 SAWGRASS CORPORATE PARKWAY</u>	<u>SUNRZSE, FL 33323</u>

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05/14/10 01030-002 4421.25

JB

REINSTATEMENT 2008-10

11. E-mail Address: EFURMAN@CRPSTILL.COM

(To be used for future annual report notifications)

12. 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

5/11/10

Daytime Phone #

954 561 3607

Typed or printed name of signing Managing Member/Manager

ERIC FURMAN, MGR