

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L04000046695

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 23 PM 3:00

DOCUMENT # **L04000046695**

1. Limited Liability Company's Name

C.R. 78 LLC

07

BK

CR2E041 (10/08)

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

434 Terracina Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

434 Terracina Ct.

Suite, Apt. #, etc.

City & State

Naples FL

Zip **34119**

Country **US**

City & State

Naples FL

Zip **34119**

Country **US**

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

06/18/2004

6. FEI Number

651230037

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

Michel M. Saadeh

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

434 Terracina Ct.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

☐ 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

Michel Saadeh

Date

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	Michel Saadeh	434 Terracina Ct	Naples / FL / 34119

600163034676

REINSTATEMENT 2007-2009

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

Michel Saadeh

Date **Nov. 2009**

Daytime Phone # **239-353-1973**

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMPANY

L04000046695

RECEIVED

09 NOV 23 PM 1:38

ACCOUNT NO. : I20000000195

REFERENCE : 196626

AUTHORIZATION :

COST LIMIT :

DEPT. OF STATE
DIVISION OF CORPORATIONS
7131659 PASSE, FLORIDA

[Signature]
521.25

ORDER DATE : November 23, 2009

ORDER TIME : 1:01 PM

ORDER NO. : 196626-005

CUSTOMER NO: 7131659

DOMESTIC FILINGS

NAME: C.R. 78 LLC

FILED
DEPT. OF STATE
DIVISION OF CORPORATIONS
09 NOV 23 PM 3:00

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS

[Signature]