

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 NOV 19 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800137951358
11/14/08--01056--015 **377.50
CR2E041 (10/08)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000087864

1. Limited Liability Company's Name

CRYSTAL EXPRESS LLC

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

1161 HACKBERRY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32825

Country

ORANGE

Zip

Country

4. State/Country of Formation

FL/ORANGE

5. Date Organized or Qualified

To Do Business in Florida 12/1/04

6. FEI Number

20-1960727

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

RUBEN VELEZ

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

1161 HACKBERRY DRIVE

Suite, Apt. #, Etc.

City

ORLANDO, FL

State

FL

Zip Code

32825

☐ 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

Ruben Velez

REGISTERED AGENT MUST SIGN

Date

11-11-08

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
MANA	RUBEN VELEZ	1161 HACKBERRY DRIVE	ORLANDO, FL 32825
PART	RITA VALENTIN	1161 HACKBERRY DRIVE	ORLANDO, FL 32825

REINSTATEMENT -07-08

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

Ruben Velez

Date

11-11-08

Daytime Phone #

407-467-1021

Typed or printed name of signing Managing Member/Manager RUBEN VELEZ