

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY  
DIVISION OF

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**DOCUMENT # L05000000015**

1. Limited Liability Company's Name

Crystal Management, LLC

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 44 Coconut Row		<b>3. Mailing Office Address</b> 128 South Village Way 44 Coconut Row	
Suite, Apt. #, etc. Apt. B217		Suite, Apt. #, etc. <del>Apt. B217</del>	
City & State Palm Beach, FL		City & State Jupiter, FL Palm Beach, FL	
Zip 33480	Country Palm Beach	Zip 33458 <del>33480</del>	Country Palm Beach

<b>4. State/Country of Formation</b> Florida/United States	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/30/2004	
<b>6. FEI Number</b> 20-2111303	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status.</b>	

<b>8. Name and Address of Current Registered Agent</b>		
Name Curtis L. Shenkman		
Street Address (P.O. Box Number is Not Acceptable) 11891 US Highway One		
Suite, Apt. #, Etc. Suite 100		
City North Palm Beach	State FL	Zip Code 33408

☒ 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

*Curtis L. Shenkman*  
REGISTERED AGENT MUST SIGN

Date 1/11/08

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
MGRM	Robert Sheldon	44 Coconut Row, Apt. B217	Palm Beach, FL 33480

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**REINSTATEMENT** *12-07-08*

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

*Robert Sheldon*

Date 1/12/08

Daytime Phone # 203-856-8123

Typed or printed name of signing Managing Member/Manager Robert Sheldon