

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000014108**

1. Limited Liability Company's Name

CRS COMPUTERS, LLC.

FILED  
08 MAY 23 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 122 Minorca Ave Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 122 Minorca Ave Suite, Apt. #, etc.	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33134	Country USA	Zip 33134	Country USA

<b>4. State/Country of Formation</b> Florida / USA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 02/10/2005	
<b>6. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>	
Name Luis Felipe Rodriguez	
Street Address (P.O. Box Number is Not Acceptable) 122 Minorca Ave	
Suite, Apt. #, Etc.	
City Coral Gables	State FL
	Zip Code 33134

☒ 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 05/16/2008

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
MMMG	LUIS FELIPE RODRIGUEZ	122 Minorca Ave	Coral Gables / Florida / 33134

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REINSTATEMENT

2006-2008

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

Date 05/16/2008

Daytime Phone# (786)222-2895

Typed or printed name of signing Managing Member/Manager