

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAR 22 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LD5000058315

1. Limited Liability Company's Name

CRW LLC

CR2E041 (1/07)

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

2152 B 20th ST

Suite, Apt. #, etc.

3. Mailing Office Address

2904 FLOYD ST

Suite, Apt. #, etc.

City & State

SARASOTA FLA

City & State

SARASOTA FLA

Zip

34234

Country

USA

Zip

34239

Country

USA

4. State/Country of Formation

FLA./USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

74-3148270

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

CARL WATZULIK

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

2904 FLOYD ST.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34239

☒ 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

Carl Watzulik

REGISTERED AGENT MUST SIGN

Date

3/9/07

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
PRES	CARL WATZULIK	2904 FLOYD ST	SRQ / FLA / 34239
			600095252336 03/29/07--01057--002 **105.00
			REINSTATEMENT 06-07

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

Carl Watzulik

Date

3/9/07

Daytime Phone #

941-928-5984

Typed or printed name of signing Managing Member/Manager

CARL WATZULIK