

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000087924

1. Limited Liability Company's Name

CRD Group, LLC

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

142 2ND AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Cairo, GA

City & State

Zip

39828

Country

Zip

Country

8. Name and Address of Current Registered Agent

Name

Kimberly L. King

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

2121-G Killarney Way

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

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

Kimberly L. King

REGISTERED AGENT MUST SIGN

Date

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
MGR	Charles R. Simpson	142 2ND AVE	Cairo, GA 39828
MGR	Christopher R. Cross	142 2ND AVE	Cairo, GA 29827
MGR	David Grom	5910 Stoner Road	Tallahassee, FL 32303

REINSTATEMENT 2008-09

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Christopher R. Cross

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

FILED

09 NOV 12 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000162797470
11/13/09--01026--005 **277.50
CR2E041 (11/09)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/07/2005

6. FEI Number

20-3661149

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.