

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 NOV -6 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000090886

1. Limited Liability Company's Name

**C & R, LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
**18862 N. Osprey Way**

Suite, Apt. #, etc.

City & State  
**Jupiter, FL**

Zip  
**33458**

Country  
**Palm Beach**

3. Mailing Office Address  
**18862 N. Osprey Way**

Suite, Apt. #, etc.

City & State  
**Jupiter, FL**

Zip  
**33458**

Country  
**Palm Beach**

4. State/Country of Formation  
**Palm Beach, Florida**

5. Date Organized or Qualified To Do Business in Florida  
**Sept. 06, 2005**

6. FEI Number  
**26-0127317**

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  
**Robert W. McLaughlin**

Street Address (P.O. Box Number is Not Acceptable)  
**18862 N. Osprey Way**

Suite, Apt. #, Etc.

City  
**Jupiter**

State  
**FL**

Zip Code  
**33458**

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  
*Robert W. McLaughlin*

Date  
**10/30/07**

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
<i>MGR</i>	Robert W. McLaughlin	18862 N. Osprey Way	Jupiter, FL 33458
<i>MGR</i>	Carl Zellner	1020 Springfield Ave.	Springfield, NJ 07092
			400112050244
			11/06/07--01062--006 **230.00

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 W. McLaughlin* <sup>MANAGING MEMBER</sup>

Date  
**10/30/07**

Daytime Phone  
**(561) 743-7271**

Typed or printed name of signing Managing Member/Manager

**Robert W. McLaughlin**