PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY REINSTATEMENT COMPANY COMPANY	FILED 10 MAY 25 PM 12: 32
DOCUMENT # L 05000114781	SECRETARY OF STATE FAULAHASSEE, FLORIDE
1. Limited Liability Company's Name The Or Crouse Team	900181313439 05/25/1001010001 **516.25
	いったことはで一いけけい一つりけ **うまち.どう CR2E041 (11/09)
2. Principal Office Address, No.P.O. Box # 3. Mailing Office Address	4. State/Country of Formation
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida
City & State City & State	6. FEI Number Applied For
Zip Country Zip Country	7. CERTIFICATE OF STATUS DESIRED for a Certificate of Status
8. Name and Address of Current Registered Agent	
Name Karky E. Nelson	☐ A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable)	in circumstances which the entity did not receive the prior notices. By checking this
Suite, Apt. #, Etc.	box, you are certifying the prior notices were not received and requesting the \$100
City PowSacra State Zip Code FL 32504	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 C Y	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each Managing Members/ Managers Managing Member/ Mana	Lity / State / / in
museur Gary Vertrouse Good Awhelex	65 Milten FL 32570
moveder Sandra Chilieuse 6000 Antelop	oct Millin FL 32520
Trais Cery Chiroso 6000 Antelepe	9 St Millon PL 3257C
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REINSTATEMENT 2008-10	
11. E-mail Address: Quer Crow () Well South. Net	
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 fitting 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 514/3010 Daytime Phone # \$50-334-7529 Typed or printed name of signing Managing Member/Manager.	