

PLEASE READ ALL INSTRUCTIONS BEFORE FILING

L06000002599

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000002599**

1. Limited Liability Company's Name

Julian Crews LLC.

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

Raa. Ave.

Suite, Apt. #, etc.

1510

City & State

Tall. Fl.

Zip

32303

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

Julian Crews

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

1510 Raa. Ave.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-19-08**

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 |
|--------|--------------------------------------|---|----------------------|
| Mgrm | Julian Crews | 1510 Raa. Ave. | Tall. Fl. 32303 |
| Mgrm | Trevor Morgan | 6531 Kingman Tr. | Tallahassee FL 32309 |
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REINSTATEMENT 2007-2008

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

[Signature]

Date **12-19-08**

Daytime Phone # **850-264-5212**

Typed or printed name of signing Managing Member/Manager