

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 29 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LOG000037270

1. Limited Liability Company's Name
Crouse office Solutions, LLC

100174812421
04/07/10--01007--009 **138.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
265 East Bay Cedar Cir
Suite, Apt. #, etc.

3. Mailing Office Address
same
Suite, Apt. #, etc.

City & State
Jupiter, FL
Zip
33458 Country
PB

City & State
FL
Zip
33458 Country

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida
4/10/06

6. FEI Number
56-2570329

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
Patty Crouse
Street Address (P.O. Box Number is Not Acceptable)
265 East Bay Cedar Circle
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
Patty Crouse Date
4/3/10
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
<u>M&M</u>	<u>Patty Crouse</u>	<u>265 East Bay Cedar Cir.</u>	<u>Jupiter, FL 33458</u>

100174812421
04/23/10--01009--005 **277.50

REINSTATEMENT 2008-10

11. E-mail Address: patty.crouse@bellsouth.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 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
Patty Crouse Date
4/3/10 Daytime Phone
(561)339-9838

Typed or printed name of signing Managing Member/Manager