PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 8							
COMPANY REINSTATEMENT COMPANY COMPANY			FILE OEC -1 CRETARY O LLAHASSEE				
DOCUMENT # LOCOOOO 52309 1. Limited Liability Company's Name				D FSTATE FLORIDA			
MOUNTAIN CREST, LLC				50 12/02)O138354(/0801003010		
2. Principal Office Address - No P.O. Box #	3. Mailing Offic	A			CR2E041 (10/08)		
115 NORM MAITLAND AUE 115 No. Suite, Apt. #, etc. Suite, Apt. #,		DIRTH MAITLAND HUE		4. State/Country of Formation SEM / NOLE COUNTY			
Cons. , pa 11, co.		oto.		5. Date Organized or Qualified			
City & State	City & State	- 0 -		9/17/2006			
ALTAMONTE SPRINGS. FL		ona Sm		20-4	130059	Not Applicable	
32701 USN	^{Zip} 3270	Qunt U	SA	7. CERTIFICATE	OF STATUS DESIRED 6	Additional Fee required r a Certificate of Status	
8. Name and Address of Current Registered Agent							
MICHALL E. MURRAY				☐ 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			
Street Address (P.O. Box Number is Not Acceptable)							
Suite, Apt. #, Etc.							
City State Zip Code			reinstatement be waived.				
ALTAMONTE SPRINCS, FL 3270							
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations Signature of Registered Agent					ons of Chapter 608, F.S.) F	
RECUSTERED AGENT MUST SIGN							
10. Names and Street Addresses of Managing Mem Name of	bers/Managers	St	reet Address of Each				
Titles Managing Members/ Managers		Managing Member/Manager			City / State / Zip		
MCR MICHAEL E. MURRAY		115 NORTH MAILEND AUE			ALTA MONTE S		
MCR JUFFREY E. HUGHES		115 NORTH MAITLEND AUG		ALMMONIZ FLUNIDA	2 5 5 6 1 1 2 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				91	01375813	249	
				11/03	⁷ 08==01070==001	<u> **₹₹₹</u> \$8.75	
REINSTATEN	IENT	MAR					
		WIOO					
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 Wichael Murgy Date 10/31/2008 Daytime Phone # 407-331-4300							
Typed or printed name of signing Managing Member/Manager MICHAEL E. MURRAU							

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 5, 2008

MOUNTAIN CREST LLC 115 NORTH MAITLAND AVE ALTAMONTE SPRINGS, FL 32701

SUBJECT: MOUNTAIN CREST LLC

Ref. Number: L06000052309

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We have received your document for MOUNTAIN CREST LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$377.50.

There is a balance due of \$138.75.

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is **\$2**5.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If-you-have-any questions concerning the filing of your document, please-call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 608A00056257

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OFG. Articles 105 Amendrunt to AR/OF