

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 60700012358

1. Limited Liability Company's Name

Crowe's Nest Properties, LLC

W14-7187

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

1460 Greenway Pl

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Fleming Island FL

City & State

Same

Zip

32003

Country

US

Zip

Same

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2-1-2007

6. FEI Number

208456492

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

14 DEC 17 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

Janette Arana Corona

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

1460 Greenway Place

Suite, Apt. #, Etc.

City

Fleming Island FL

State

FL

Zip Code

32003

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Janette Arana Corona

Date

11-21-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>AR</u>	<u>Timothy L Crowe</u>	<u>1460 Greenway Pl</u>	<u>Fleming IS FL 32003</u>
<u>AR</u>	<u>Janette A Corona</u>	<u>1460 Greenway Pl</u>	<u>Fleming IS FL 32003</u>

REINSTATEMENT

DEC 17 2014

R. HUNT

11. E-mail Address:

janette.arana@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Janette Arana Corona

Date

11-21-14

Daytime Phone #

904-589-0757

Typed or printed name of signing Authorized Representative/Manager

Janette A Corona