

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 25 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000057449

1. Limited Liability Company's Name

CREX - SHERIDAN LLC

800170370398  
02/24/10--01010--019 \*\*421.25  
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>3115 GULF SHORE BLVD. N</u>		3. Mailing Office Address <u>3115 GULF SHORE BLVD. N</u>	
Suite, Apt. #, etc. <u>609</u>		Suite, Apt. #, etc. <u>609</u>	
City & State <u>NAPLES, FL</u>		City & State <u>NAPLES, FL</u>	
Zip <u>34103</u>	Country <u>Collier</u>	Zip <u>34103</u>	Country <u>Collier</u>

4. State/Country of Formation

FL U.S.

5. Date Organized or Qualified  
To Do Business in Florida

5/31/2007

6. FEI Number

N

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 <u>Joseph L. Sheridan</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>3115 GULF SHORE BLVD. N.</u>		
Suite, Apt. #, Etc. <u>609</u>		
City <u>NAPLES</u>	State <u>FL</u>	Zip Code <u>34103</u>

☒ 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 Joseph L. Sheridan  
REGISTERED AGENT MUST SIGN

Date 2/18/2010

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

REINSTATEMENT 08, 10

11. E-mail Address: jsheridan76@sbccglobal.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 Joseph L. Sheridan

Date 2/18/2010

Daytime Phone # (203) 313-5963

Typed or printed name of signing Managing Member/Manager

N. Collins FEB 26 2010