

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 DEC -4 AM 8:32
RECEIVED
CORPORATION DIVISION

DOCUMENT # L10000001432

1. Limited Liability Company's Name
Meredith Crane Worx LLC

2. Principal Office Address - No P.O. Box # 2696 Sanibel Pl		3. Mailing Office Address PO Box 672	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gulf Breeze, Florida		City & State Gulf Breeze, FL	
Zip 32563	Country US	Zip 32562	Country US

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 2010	
6. FEI Number 271751124	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Ward Meredith			
Street Address (P.O. Box Number is Not Acceptable) Suite, 2696 Sanibel Pl			
Apt. #, Etc.			
City Gulf Breeze	State FL	Zip Code 32563	

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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 _____ Date _____
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
MGRM	Ward Meredith	2696 Sanibel Pl	Gulf Breeze, FL 32563

REINSTATEMENT

DEC 04 2015
R. HUNT

11. E-mail Address: **suewlp@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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Ward Meredith Date **12/1/15** Daytime Phone # **850-324-5371**
Typed or printed name of signing authorized representative/member **Ward Meredith**