

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 AUG 10 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L13000087638

1. Limited Liability Company's Name

CRUSHIT GEAR, LLC

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

810 Lakeshore Dr

Suite, Apt. #, etc.

3. Mailing Office Address

810 Lakeshore Dr

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

Zip

34748

Country

United States

Zip

34748

Country

United States

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified  
To Do Business in Florida

June 18, 2013

6. FEI Number

46-3032220

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

800275913978

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

Courtney Williams  
Asst. Vice President

Date 08.10.15

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
AMBR	Chad Daniels	810 LAKESHORE DR	LEESBURG, FL 34748

11. E-mail Address: chad@crushitgear.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 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

Date 8/4/2015

Daytime Phone # (352)446-7944

Typed or printed name of signing Authorized Representative/Manager CHAD DANIELS

K. ASHTON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 730567 7941167

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE : July 31, 2015

ORDER TIME : 9:21 AM

ORDER NO. : 730567-010

CUSTOMER NO: 7941167

DOMESTIC FILINGS

NAME: CRUSHIT GEAR, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
15 AUG 10 AM 10:52  
DIVISION OF CORPORATIONS

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