## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

## LIMITED LIABILITY COMPANY REINSTATEMENT



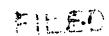
## FLORIDA DEPARTMENT OF STATE Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L16000053903

1. Limited Liability Company's Name

CRC DISTRIBUTION LLC



211 MAY 11 AM 8 03.

2. Principal Office Address - No P.O. Box#				CR2E041 (1/14)	
2246 Golden Fulcon Dr	2246 Golden Fakon DV.		4. State/Country of Formation		
Suite, Apt. #, etc	Suite, Apt #, etc			FL	
				5. Date Organiz To Do Busine	zed or Qualified ess in Florida 03/16/2016
City & State	City & State			6 551 Number	f Septiled For
Ruskin, F.L.	Ruskin, F-L.			6. FEI Number	
Zip Country	"			7. CERTIFICATE OF STATUS DESIRED	
33570 Hillsprayh 33570 Hillsburgagh					
8. Name and Address of Current Registered Agent				_	
Name					
Street Address (P.O. Øbx Number is Not Acceptable) Suite,				_	
2246 Golden Falcon DV.				i .	
Apt. #, Etc				-	
207				_[	
City D		State	Zip Code		
MUSTICA 1-L		FL	333 YC	<u> </u>	
9. It being appointed the registered agent of the above named limited liability company, amfamiliar with and accept the obligations of Chapter 605, F.S.					
Signature of Projectored Appet					
Registered Agent					Date
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles Name of Authorized Representatives/		Street Address of Each Authorized Representative/			City / State / Zip
			<u>Manager</u>	/	h /
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REINSTA	TEMEN	JT			'MAY 1 1 2018
		<del>V</del>			R. HUNT
11. E- mail Address:					
[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  Date 1/2//8 Daytime Phone # 13-808-7080					
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