

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000053903

1. Limited Liability Company's Name

CRC DISTRIBUTION LLC

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

2246 Golden Falcon Dr

Suite, Apt. #, etc

City & State

Rustkin, FL

Zip

33570

Country

Hillsborough

3. Mailing Office Address

2246 Golden Falcon Dr

Suite, Apt. #, etc

City & State

Rustkin, FL

Zip

33570

Country

Hillsborough

8. Name and Address of Current Registered Agent

Name

Craig Chancy

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

2246 Golden Falcon Dr

Apt. #, Etc

207

City

Rustkin FL

State

FL

Zip Code

33570

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/13/18

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
owner	Craig Chancy owner	2246 Golden Falcon Dr	Rustkin, FL 33570

REINSTATEMENT

MAY 11 2018

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

Typed or printed name of signing authorized representative/member

[Signature]

Date

4/27/18

Daytime Phone #

813-808-7080

FILED

2018 MAY 11 AM 8 03

SECRETARY OF STATE
100313355801
05/11/18--01010--030 **\$77.50

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/16/2016

6. FEI Number

39-8017020084-2

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐