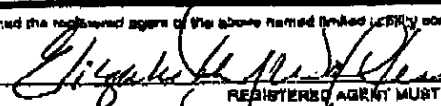
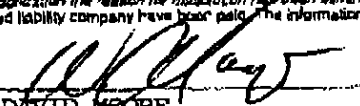


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 187000001154			
1. Limited Liability Company's Name CRYSTAL VIEW, L.C.			
2. Principal Office Address 409 SNELL ISLE BOULEVARD		3. Mailing Office Address 409 SNELL ISLE BOULEVARD	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State ST. PETERSBURG, FLORIDA		City & State ST. PETERSBURG, FLORIDA	
Zip 33704	Country	Zip 33704	Country
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 10/16/1997	
6. FEI Number 59-3501498		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ (This box should be completed by the filer.)			
8. Name and Address of Current Registered Agent			
Name ELIZABETH J. WALTERS, ESQ., C/O BURKE & BLUE, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 221 MCKENZIE AVENUE			
Suite, Apt. #, Etc.			
City PANAMA CITY		State FL	Zip Code 32401
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.			
Signature of Registered Agent 		Date 11/15/00	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members-Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MEM	MOORE, DAVID	409 SNELL ISLE BOULEVARD	ST. PETERSBURG, FL 33704
REINSTATEMENT 2000 SL			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company now satisfies the requirements of section 602.404, 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 		Date 11/15/00	
Daytime Phone # 727/502-5172			
Typed or printed name of Managing Member/Manager DAVID MOORE			

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : BURKE AND BLUE, P.A.
Account Number : 072100000111
Phone : (850) 769-1414
Fax Number : (850) 784-0857

LIMITED LIABILITY REINSTATEMENT

CRYSTAL VIEW, L.C.

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