PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

DOCUMENT # L97000001154

1. Limited Liability Company's Name
CRYSTAL VIEW, L.C.

2. Principal Office Address	3. Mailing Office Address
409 SNELL ISLE BOULEVARD	409 SNELL ISLE BOULEVARD
Suite, Apt. #, etc.	Suite, 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 ☑

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 608 F.S.
Signature of Registered Agent: Elizabeth J. Walters REGISTERED AGENT MUST SIGN Date: 11/15/00

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MOORE, DAVID	409 SNELL ISLE BOULEVARD	ST. PETERSBURG, FL 33704

REINSTATEMENT 2000 SC

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.408, 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: DAVID MOORE Date: 11/15/00 Daytime Phone #: 727/502-5172

Typed or printed name of signing 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.

Certificate of Status	1
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