

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 DEC 14 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # **L99000006151**

1. Limited Liability Company's Name

Crow International LLC

REINSTATEMENT 2008

2. Principal Office Address

601 Brickell Key Drive
Suite, Apt. #, etc.
700

3. Mailing Office Address

601 Brickell Key Drive
Suite, Apt. #, etc.
700

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

9/28/99

6. FEI Number

943344503

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$500 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 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301 - 2525

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

BRIAN COURTNEY, ASST. VP.
as its agent

Date **12-14-2000**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Curd, David	1800 Sunset Harbour Drive Apt. 2202	Miami Beach, FL 33139
MGRM	Beckside Holdings Ltd	Blackburn Highway PO Box 116	Road Town, Tortola BVI
			200003510952--7 -12/21/00--01093--021 ****155.00 ****155.00
			12-14-00

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 608.406, 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 **12/12/00** Daytime Phone # **305 728 9000**

Typed or printed name of signing Managing Member/Manager