

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

2003 NOV 20 PM 1:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

600024876706
11/20/03--01025--028 **250.00

DOCUMENT # M000000001928

1. Limited Liability Company's Name

Crestwood Investments, L.L.C.

2. Principal Office Address

6852 Trailview Court

Suite, Apt. #, etc.

City & State

West Bloomfield, MI

Zip

48322

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Michigan

5. Date Organized or Qualified
To Do Business in Florida

September 14, 2000

6. FEI Number

38-3541412

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael D. Scarfo

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

1314 Winter Springs Blvd.

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

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

Michael D. Scarfo

REGISTERED AGENT MUST SIGN

Date

11-3-03

10. Name and Street Address of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|---------------------------|
| MEM | Sarih Dalati | 6852 Trailview Court | West Bloomfield, MI 48322 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2001-03

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

Sarih Dalati

Date

10-21-03

Daytime Phone #

313-238-6142

Typed or printed name of signing Managing Member/Manager

Sarih Dalati

CFR2041 (9/01)