

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 17 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M1000002101

1. Limited Liability Company's Name

CROWN RISK MANAGEMENT, LLC

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

221 South Warren Street

Suite, Apt. #, etc.

Suite 100

City & State

Syracuse, NY

Zip

13202

Country

USA

3. Mailing Office Address

221 South Warren Street

Suite, Apt. #, etc.

Suite 100

City & State

Syracuse, NY

Zip

13202

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

NY

5. Date Organized or Qualified

To Do Business in Florida 05/07/2010

6. FEI Number

20-2318765

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

Corporation Service Company

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

Apt. #, Etc.

1201 Hays Street

City

Tallahassee

State

FL

Zip Code

32301

100280187691

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

Paul Gottlieb
Vice President

Date 12/17/15

REGISTERED AGENT MUST SIGN

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
Pres	Michael D. Cronin	4819 Hepplewhite Drive	Manlius, NY 13104
VP	Douglas J. Cronin	23 Cross Road	Syracuse, NY 13224
VP	Jean M. Sabourin	7782 Gloria Drive	Baldwinsville, NY 13027

REINSTATEMENT
2013 2015

11. E-mail Address jsabourin@crowrisk.com

(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

Date 12/15/15

Daytime Phone #

315-428-3838

Typed or printed name of signing authorized representative/member

Jean M. Sabourin

REC 17 2015
RA WILLIAMS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 916039 8072188

AUTHORIZATION :

COST LIMIT : \$ 793.75

ORDER DATE : December 17, 2015

ORDER TIME : 10:36 AM

ORDER NO. : 916039-005

CUSTOMER NO: 8072188

REINSTATEMENT

NAME: CROWN RISK MANAGEMENT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
15 DEC 17 PM 2:02
FOR FILING
TO ACKNOWLEDGE
SUFFICIENCY OF FILING