

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**DOCUMENT #**

M97-11

**1. Limited Liability Company's Name**

CRC Press LLC  
2000 NW Corporate Blvd.  
Boca Raton, FL 33431

**2. Principal Office Address**

2000 NW Corporate Blvd

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33431

Country

Palm Beach

**3. Mailing Office Address**

Same as 4

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33431

Country

Palm Beach

**REINSTATEMENT 2000**

**4. State/Country of Formation**

Delaware / USA

**5. Date Organized or Qualified  
To Do Business in Florida**

11/10/97

**6. FEI Number**

65-0715548

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

Fenton Markovich

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

5517 Pacific Blvd.

Suite, Apt. #, Etc.

Apt. 4401

City

Boca Raton

State

FL

Zip Code

33433

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\*\*\*155.00 \*\*\*155.00

**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

*[Signature]*

Date

10/27/00

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
CEO	Norm Snesil	2000 NW Corporate Blvd	Boca Raton, FL 33431
CFO	Fenton Markovich	2000 NW Corporate Blvd	Boca Raton, FL 33431
Contr	Vivian Espinosa-Kennedy	2000 NW Corporate Blvd.	Boca Raton, FL 33431

**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

*[Signature]*

Date 10/27/00

Daytime Phone #

(561) 361-6000

Typed or printed name of signing Managing Member/Manager

Vivian Espinosa-Kennedy

CR2E041 (9/99)