

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000001153

Name and Mailing Address

0011646 01 AT 0.292 **AUTO T3 0 0615 33407-223633

CRESCENT CITY/HARPER PROPERTIES, L.L.C.
1733 HILL AVENUE
MANGONIA PARK FL 33407-2236



2. New Mailing Address City, State, Zip		4. State/Country of Formation LA	
Principal Place of Business 1733 HILL AVENUE MANGONIA PARK FL 33407		5. Date Organized or Qualified To Do Business in Florida 10/08/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 72-1403973	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent BLANKENSHIP, RUSSELL 1733 HILL AVENUE MANGONIA PARK FL 33407		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 Russell Blankenship **SIGNATURE REQUIRED** Date 10-22-03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BLANKENSHIP, RUSSELL	1733 HILL AVENUE	MANGONIA PARK FL 33407

700024379067
11/03/03-01058-007 **150.00

REINSTATEMENT 03
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12. 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 Russell Blankenship **SIGNATURE REQUIRED** Date 10-22-03 Daytime Phone # 561-844-6656
Typed or printed name of signing Managing Member/Manager Russell Blankenship