

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00-APR 19 AM 11:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

[Handwritten signature]

DOCUMENT # P97000088873

1. Corporation Name

CROPOWER CORPORATION

Principal Place of Business

Mailing Address

4170 CHRUCHWELL ROAD JACKSONVILLE FL 32210

4170 CHRUCHWELL ROAD JACKSONVILLE FL 32210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO Box 108, Ortega, Sebring  
JACKSONVILLE, FL  
32210-4461 US 4

4. Date Incorporated or Qualified To Do Business in Florida

10/13/1997

FEI Number 593567710

Applied For

APPLIED FOR

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: GORMAN, STEVEN K, 4170 CHRUCHWELL ROAD, JACKSONVILLE FL 32210.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GORMAN, STEVEN K  
4170 CHRUCHWELL ROAD  
JACKSONVILLE FL 32210

Name Gresham Stoneburner  
Street Address (P.O. Box Number is Not Acceptable) Stoneburner, Berly & Goldman PA  
Suite, Apt. #, Etc. 235 Water Street Suite 2050  
City Jax State FL Zip Code 32202

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Handwritten signature] SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date

11/1/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN K. GORMAN

11/1/99 Date

904.384.6503 Daytime Phone #

CR21 040 (8/99)

REINSTATEMENT 99-00

