PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 MAY 15 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 157686

1. Corporation Name
WALTER R. CRABTREE COMPANY

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
c/o 4102 Robin Hood Rd	c/o 4102 Robin Hood Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32210 Country: USA	Zip: 32210 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4-06-1949

5. FEI Number: 59-0596748 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RICHARD W. CAPON

Street Address (P.O. Box Number is Not Acceptable): 4102 Robin Hood Rd

700075216707
05/25/06 01002--019 **4$8.75

Suite, Apt. #, Etc.:

City: Jacksonville State: FL Zip Code: 32210

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Richard W. Capon Date: 5-10-06
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPO	MARY CRABTREE	c/o 4102 Robin Hood Rd	Jacksonville FL 32210

$87.50

10. 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 contained in Chapter 119, 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: Mary Crabtree 5-10-2006 904-861-2194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER R CRABTREE CO
c/o 4102 Robin Hood Rd
Jacksonville Florida

May 10, 2006

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee Fl 32314

To whom it may concern,

For whatever the reason I did not receive the notification in early 2004 or the second notification for the annual renewal of this corporation for 2004 which has been renewed every year since 1949. I'm 81 years old and just don't know what happened to them.

Please find enclosed a check for $458.75 for the three years 2004,2005 and 2006 and for a Certificate of Status.

Please send the Certificate of Status to my attorney Mr Steven Placella, 1304 Atwood Avenue, Johnson, RI , 02919.

I'm sorry for any problem this may cause.

Sincerely,

Mary Crabtree

Mary Crabtree