

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**
1996 NOV 26 PM 1:28
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 522472

1. Corporation Name

CRAFTSVILLE, INC.

Principal Place of Business

**337 N E 69 STREET
MIAMI FL 33138**

Mailing Address

**337 N E 69 STREET
MIAMI FL 33138**

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1978

5. FEI Number

59-1708458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	GENTILE, CHARLES N	337 NE 69TH ST	MIAMI, FL 00000
PD	GENTILE, ROBERT C	337 NE 69TH ST	MIAMI, FL 00000

~~308882818153-0~~
~~12/03/96-01115-011~~
~~****583.75 ****583.75~~

8. Name and Address of Current Registered Agent

**GENTILE, ROBERT C
337 NE 69TH ST
MIAMI FL 33138**

9. Name and Address of New Registered Agent

Accurate Filing & Search Services
Street Address (P.O. Box Number is Not Acceptable)
3424-18 Old St. Augustine Rd.
Suite, Apt. #, Etc.
Tallahassee, FL 32311
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0506, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-27-96**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes: Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:

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

11/25/96

Date Daytime Phone #