

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 MAY -7 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 525279

1. Corporation Name

C RUM'S SERVICE, INC.

2. Principal Office Address

P.O. Box 145

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 145

Suite, Apt. #, etc.

City & State

Panacea, FL

City & State

Panacea, FL

Zip

32346

Country

Wakulla

Zip

32346

Country

Wakulla

4. Date Incorporated or Qualified
To Do Business in Florida

1977

5. FEI Number

59-1796002

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

Ronald A. Mowrey

700005677677-9

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

515 North Adams Street

-06/04/02--01061--009

****458.75 ****458.75

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/6/02

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
Pres.	Ronald F. Crum	5 Crum Drive	Panacea, FL 32346
V-P	Eloise N. Crum	5 Crum Drive	Panacea, FL 32346
S/T	Rhonda C. Plouffe	12 Crum Drive	Panacea, FL 32346

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 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] Rhonda C. Plouffe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/6/02

Daytime Phone #

850 984 4451

CR2E081 (9/01)

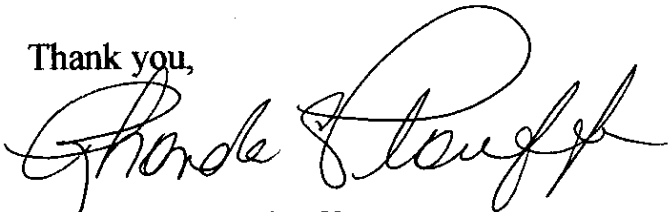
**Crum's Service
P.O. Box 145
Panacea, Florida 32346
(850) 984-4451 office**

May 6, 2002

To Whom It May Concern:

We are requesting that our corporation be reinstated. We were unaware that the Department of State had not received our check or application. After it was brought to my attention that the corporation had been dissolved I looked for the cancelled check, but it never cleared. I called and spoke with an auditor and they told me to explain what happened and send in a check for \$ 450.00. ~~Please find the check enclosed. If you have any questions, please~~ give me a call.

Thank you,

A handwritten signature in black ink, appearing to read "Rhonda Crum Plouffe". The signature is fluid and cursive, with the first name "Rhonda" being the most prominent part.

Rhonda Crum Plouffe