

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
97 DEC -2 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 638109

1. Corporation Name
CRANBROOK, INC.

Principal Place of Business
3225 SOUTHSIDE BLVD.
#2
JACKSONVILLE FL 32216
US

Mailing Address
P.O. BOX 17156
P.O. BOX 54006
JACKSONVILLE FL 32245-7156
US



REINSTATEMENT 97

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

4. Date Incorporated or Qualified To Do Business in Florida

10/01/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1991072

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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. Includes entries for KENNARD, RUTH S., KENNARD, THOMAS O JR, and JENNISON, ELIZABETH K.

100002364561--6
-12/05/97--01101--019
\*\*\*750.00 \*\*\*750.00

12/4

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENNARD, THOMAS O., JR.
3225 SOUTHSIDE BLVD. #2
P.O. BOX 54005
JACKSONVILLE FL 32245

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

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

Signature of Thomas O. Kennard J.P.
REGISTERED AGENT MUST SIGN

Date 10-31-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes [ ] No [X]

(See other side for information on intangible tax.)

12. 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: Thomas O. Kennard
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-97
Date

642-9003
Daytime Phone #

CR2E040 (8/97)