

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 20 PM 12:41

DOCUMENT # F29203

1. Corporation Name

C. CRAIG EDEWAARD, INC.

Principal Place of Business

Mailing Address

115 NW 2ND AVE  
FT LAUDERDALE FL 33311  
US

115 NW 2ND AVE  
FT LAUDERDALE FL 33311

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



REINSTATEMENT 25

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/10/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2092466

Applied For

Not Applicable

City & State

City & State

FT. LAUDERDALE FL

Zip

Country

Zip

Country

33301

US

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S	EDEWAARD, ANN C	115 NW 2ND AVE	FT LAUDERDALE, FL 00000
DP	EDEWAARD, CRAIG C	115 NW 2ND AVE	FT LAUDERDALE, FL 00000
<del>V</del>	<del>EDEWAARD, BRUCE</del>	<del>115 NW 2ND AVE</del>	<del>FT LAUDERDALE FL</del>

700003027127-7  
-10/27/99--01106--005  
\*\*\*750.00 \*\*\*750.00

10/10/26

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDEWAARD, C CRAIG  
115 NW 2ND AVE  
FT LAUDERDALE FL 33331

Name CRAIG EDEWAARD  
Street Address (P.O. Box Number is Not Acceptable)  
597 S ANDREW AVE  
Suite, Apt. #, Etc.

City FT. LAUDERDALE

State FL

Zip Code 33301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-18-99

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-99 (954) 523-5615  
Date Daytime Phone #

CR20240 (8/99)