

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 5:03

DOCUMENT # F97000002499

1. Corporation Name

CRAFT U.S.A., INC.

2. Principal Office Address

1150 NW 72nd AVE

Suite, Apt. #, etc.

Suite 370

City & State

MIAMI, FL

Zip

33126

Country

DADE

3. Mailing Office Address

1150 NW 72nd AVE

Suite, Apt. #, etc.

Suite 370

City & State

MIAMI, FL

Zip

33126

Country

DADE

600004679396--8
-11/15/01--01001--011
****750.00 ****750.00

4. Date Incorporated or Qualified
To Do Business in Florida

05-09-1997-

5. FEI Number

76-0409894

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

AL-EISA, HAMED A.

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

1150 NW 72nd AVE

Suite, Apt. #, Etc.

Suite, 370

City

MIAMI

State

FL

Zip Code

33126

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

Date

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
P	AL-EISA, HAMED A.	1150 NW 72 nd AVE Suite 370	MIAMI, FL 33126

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #