

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 29 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H05658

1. Corporation Name

Craige Holding Company

2. Principal Office Address

3859 Lone Pine Rd.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

U.S.A.

3. Mailing Office Address

3859 Lone Pine Rd.

Suite, Apt. #, etc.

City & State

Delray Bc. FL

Zip

33445

Country

U.S.A.

REINSTATEMENT 04-05
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5-18-1984

5. FEI Number

590761026

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

Mark A. Perry, Esq.

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

50 S.E. Fourth Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

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

REGISTERED AGENT MUST SIGN

Date

11-22-05

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	Russell Craige, Jr.	3859 Lone Pine Rd.	Delray Bc. FL 33445

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:

RA Craige, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-05

Date

561-278-5297

Daytime Phone #

November 21, 2005

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

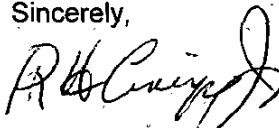
RE: Craige Holding Company

Dear Sir/Madam:

Please be advised that Edythe Craige, Director of Craige Holding Company passed away and no Notice of Filing Annual Report was received. Therefore, I am requesting that the fee for reinstatement of \$600.00 be waived.

Thank you for your assistance regarding this matter.

Sincerely,



Russell Craige, Jr.