

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

AND  
FILED

98 JAN 12 PM 2:02

**DOCUMENT # K56538**

1. Corporation Name  
**CRYSTAL AND COLLECTABLES, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**% LEONARD M. WALE**  
**1470 N.W. 63RD TERR.**  
**MARGATE FL 33063-2630**



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

|  |         |   |         |  |  |
|--|---------|---|---------|--|--|
| 2. New Principal Office Address, If Applicable<br><b>1332 N. STATE ROAD #7</b> |         | 3. New Mailing Office Address, If Applicable<br><b>1929 N.W. 80th AVE</b> |         | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>01/09/1989</b>                                     |  |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         | 5. FEI Number<br><b>65-0089657</b>   |  |
| City & State<br><b>MARGATE FL.</b>   |         | City & State<br><b>MARGATE, FLA.</b>                                      |         | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/>                                   |  |
| Zip<br><b>33063</b>  | Country | Zip<br><b>33063</b>   | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip   |
|------------|-------------------------------------|---|--|
| PD         | WALE, LEONARD M.                    | <del>1470 N.W. 63RD TERR.</del><br><b>1929 N.W. 80th AVE</b>                          | MARGATE FL <b>33063</b>  |
| STD        | WALE, DORA S.                       | <del>1470 N.W. 63RD TERR.</del><br><b>1929 N.W. 80th AVE</b>                          | MARGATE FL <b>33063</b>  |
|            |                                     |   | <b>300002398533--3</b><br><b>-01/13/98--01075--014</b><br><b>***150.00 ***150.00</b> |
|            |                                     |   | <b>REINSTATEMENT 97-98</b>   |
|            |                                     |   | <b>300002398533--3</b><br><b>-01/13/98--01075--014</b><br><b>***750.00 ***750.00</b> |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

|   |  |   |  |                    |                          |
|---|--|---|--|--------------------|--------------------------|
| <b>WALE, LEONARD M.</b><br><b>1470 N.W. 63RD TERR.</b><br><b>MARGATE FL</b> |  | Name<br><b>WALE, LEONARD M.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1332 N. STATE ROAD #7</b><br>Suite, Apt. #, Etc.<br><br>City<br><b>MARGATE, FLA</b> |  | State<br><b>FL</b> | Zip Code<br><b>33063</b> |
|---|--|---|--|--------------------|--------------------------|

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 Leonard M. Wale Date 12-23-97  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(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.

Leonard M. Wale

SIGNATURE: Leonard M. Wale  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-97

Date Daytime Phone #

CR2E040 (8/97)