

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -2 AM 10:45

DOCUMENT # L02000002546

1. Corporation Name

Crumbles Concessions L.L.C.

2. Principal Office Address

10577 Arlingford Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres

City & State

Zip

33936

Country

Lee

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593714594

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

Debra Crum

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

10577 Arlingford Blvd

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33936

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

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
MGR	Debra Crum	10577 Arlingford Blvd	Lehigh Acres, FL 33936
		REINSTATEMENT	04-06
		900080366279	
		10/02/06--01056--002 **250.00	

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 contained in Chapter 119, 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:

Debra Crum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/06

Date

239-273-4324

Daytime Phone #