

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

97 DEC 30 PM 1:39

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L80235**

1. Corporation Name  
**THE GARLIC CRAB CORPORATION**

Principal Place of Business

1111 SR 436  
CASSELBERRY FL 32707  
US

Mailing Address

1111 SR 436  
CASSELBERRY FL 32707  
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/1990

5. FEI Number

59-3024218

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PASSAS, MICHAEL C.	2037 EASTBROOK BLVD	WINTER PARK FL
VP	PASSAS, MARY J.	2037 EASTBROOK BLVD.	WINTER PARK FL
VP	FLEMING, GEORGIA P.	332 BRIDLE PATH	CASSELBERRY FL
<del>VP</del>	<del>FLEMING, DONALD</del>	<del>332 BRIDLE PATH</del>	<del>CASSELBERRY FL</del>

**REINSTATEMENT**

97  
SL 12-30-97

8. Name and Address of Current Registered Agent

PASSAS, MICHAEL C.  
2037 EASTBROOK BLVD  
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is No. to Use) **600002389096--9**  
**-01/05/98--01007--019**  
Suite, Apt. #, Etc. **\*\*\*\*750.00 \*\*\*\*750.00**  
City  
State **FL** Zip Code

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

REGISTERED AGENT MUST SIGN

Date **11-10-97**

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.

SIGNATURE:

SIGNATURE MUST BE YOUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL C. PASSAS**

Date

**11-20-97**

Daytime Phone #

**407-6785103**

CP2E040 (8/97)