


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N02000000783**

1. Corporation Name  
**CREWE OF THE BLUE MOON  
DELUNATICS, INC.**

2. Principal Office Address <b>1911 E JORDAN ST</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>P.O. Box 1267</b> Suite, Apt. #, etc.	
City & State <b>PENSACOLA, FLA</b>		City & State <b>GULFBOROUGH, FLA</b>	
Zip <b>32503</b>	Country <b>USA</b>	Zip <b>32561</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **FEB 4, 2002**

5. FEI Number **EIN 02-0581698**

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

Applied For ☐ Not Applicable ☐

7. Name and Address of Current Registered Agent

Name  
**ELMER E. BAKER JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**1911 E. JORDAN ST**

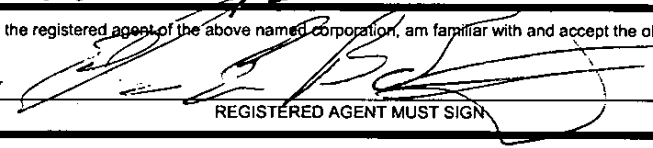
Suite, Apt. #, Etc.

City  
**PENSACOLA**

State  
**FL**

Zip Code  
**32503**

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 **X**  Date **2-10-05**

REGISTERED AGENT MUST SIGN

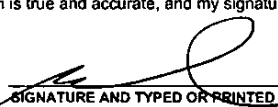
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIR	MARIL D. Boardman	1660 MAITLAND AVE	MAITLAND FLA 32751
PROS	ELMER E. BAKER JR	1911 E. JORDAN ST	PENSACOLA FL 32503

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**STATEMENT 04-05**

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:  **MARIL Boardman** **2-14-05** **407-830-0655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)