

**CORPORATION
REINSTATEMENT**



FILED

10 MAR -9 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

400171673764
03/10/10--01001--013 **122.50

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

FEI Number
87-0813831

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

Donald Jerome Garrett

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

245. J. MAEWIN 5H

Suite, Apt. #, Etc.

City .

monticello

State

FL

Zip Code

30 344

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 _____

3/9/10

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
D	Donald Jerome Garrett	345 S. MARVIN	monticello, FL 32344
D	Michael Brown	245 S. MARVIN ST	monticello, FL 32344
D	Dominick Ardis	245 S. MARVIN ST	monticello, FL 32344
	REINSTATEMENT RUK		

10. E-mail Address: Cr1FortherNations@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

319110

Date _____

Daytime Phone #