

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 29, 2004  
Secretary of State**

DOCUMENT# N35262

Entity Name: CROOM'S, INC.

**Current Principal Place of Business:**

133 HIGHWAY 98 & 11TH STREET  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

133 HIGHWAY 98 & 11TH STREET  
APALACHICOLA, FL 32320

**New Mailing Address:**

FEI Number: 59-2980481      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CROOM, JOHN Q.  
11 6TH STREET  
GREATER APALACHICOLA, FL 32320      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CROOM, JOHN Q.,  
Address: 11 6TH STREET  
City-St-Zip: APALACHICOLA, FL

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Delete  
Name: CROOM, BETTY J.,  
Address: 11 6TH STREET  
City-St-Zip: APALACHICOLA, FL

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Delete  
Name: WHITE, SHIRLEY CROOM,  
Address: 200 AVENUE M  
City-St-Zip: APALACHICOLA, FL

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CROOM

PD

10/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date