

NOV.14.2001 11:28AM

NO.330 P.2/3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC -3 PM 4:26

**DOCUMENT #** P00000034171

**1. Corporation Name**

Crabran of Florida, Inc.

**2. Principal Office Address**

4320 54th Avenue N.

Suite, Apt. #, etc.

**City & State**

St. Petersburg, FL

**Zip**

33714

**Country**

Pinellas

**3. Mailing Office Address**

4320 54th Avenue N

Suite, Apt. #, etc.

**City & State**

St. Petersburg

**Zip**

33714

**Country**

Pinellas

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

3/30/00

**5. FEI Number**

238-46-0290

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

SI (2) (continued from requirements for a Certificate of Status)

**7. Name and Address of Current Registered Agent**

**Name**

Craig Bell

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

4501 48th Avenue N.

**Suite, Apt. #, Etc.**

**City**

St. Peterburg

**State**  
FL

**Zip Code**

33714

**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**

Craig Bell  
REGISTERED AGENT MUST SIGN

**Date** 11-13-01

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|--------|--------------------------------------|---------------------------------------------------|--------------------------|
| PTS    | H. Rob Bell                          | 4501 48th Avenue N.                               | St. Petersburg, FL 33714 |
| VP     | Craig Bell                           | 4501 48th Avenue N.                               | St. Petersburg, FL 33714 |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |

**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)(f), 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:** H. Rob Bell / PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-01 727-527-3020

Date

Daytime Phone #