PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	Secret	RTMENT OF STATE ary of State		FILE D 04 DEC -2 P	
DOCUMENT # P01000012961 1. Corporation Name THE CRAB APPLE COVE COMPANY				SECRETARY OF STATE FALLAHASSEE, FLORIDA		
2. Principal	Office Address	3. Mailing Office Add	dress	1		•
	AWFORD BLVD	181 CRAWFROD BLVD				
Suite, Apt. #, etc. 2ND FLOOR		Suite, Apt. #, etc. 2ND FLOOR			porated or Qualified	
City & State BOCA RA	ATON, FL	City & State BOCA RATON, FL		5. FEI Number	er 651075875	Applied For
Zip 3343	Country PALM BEACH	Zip 33432	Country PALM BEACH	6. CERTIFICATI	S8.75	Not Applicable Additional Fee required a Certificate of Status
7. Name and Address of Current Registered Agent						
Name HRAWG CORP.						
Street Address (P.O. Box Number is Not Acceptable)						
1801 N. MILITARY TRAIL Suite, Apt. #, Etc.						
	SUITE 200				State Zip Code	
	BOCA RATON				FL 33431	
8. I, being a Signature of Registered A	Igent / /	ove named corporation, a	m familiar with and accept the	obligations of secti	Date	Joy CREEGH (OT/OA)
9. Names	and Street Addresses of Each Officer ar	nd/or Director (Florida non	profit 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	
PD	LEE BURKE		181 CRAWFORD BLVD		BOCA RATON, FL	33432
	703-31					
				51 12/02	700431313 70401050004	565 **900.00
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						