

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 31 AM 10:47

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000013294

1. Corporation Name

DON CRABB SERVICES, INC

800138688178
01/05/09--01064--001 **150.00

800138688178
12/08/08--01046--002 **150.00

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

11 Minnow DR

Suite, Apt. #, etc.

3. Mailing Office Address

11 Minnow DR

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip

32174

Country

US

Zip

32174

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3695706

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Address of Current Registered Agent

Name

CRABB, DON

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

11 Minnow DR

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32174

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Don Crabb

REGISTERED AGENT MUST SIGN

Date

12/4/08

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
P	DON CRABB	11 Minnow DR	ORMOND BEACH, FL 32174
T	JULIE CRABB	11 Minnow DR	ORMOND BEACH, FL 32174

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 contained in Chapter 119, 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:

Don Crabb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/4/08