PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 30 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051975

1. Corporation Name

CRAZY NUTS INC.

Principal Place of Business	Mailing Address
225 SEABREEZE CIR. JUPITER FL 33477	225 SEABREEZE CIR. JUPITER FL 33477

Will move NOV. 5th/2002

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
19245 Caribbean CT	19245 Caribbean CT.
Suite, Apt. #, etc.: Tequesta - FL	Suite, Apt. #, etc.: Tequesta -FL
City & State	City & State
Zip: 33469 Country	Zip: 33469 Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/24/2001

5. FEI Number: 65-1109254 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	COLE, BEATRIZ	225 SEABREEZE CIR	JUPITER FL 33477

300008701693
10/30/02--01085--015 **150.00
300008701693
10/30/02--01085--016 **8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/20/02
REGISTERED AGENT MUST SIGN

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 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 REQUIRED — 10/20/02 — 561-330-3151 ext. 315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/20/02

Florida Department of State.

This letter is to activate the status of my corporation, CRAZY NUTS INC. I did NOT received the two prior uniform business report notices. I have enclosed two checks, one for $150.00 to activate the status, and another check for $8.75 requiring a Certificate of Status.

The Mailing address for Crazy Nuts Inc, will change beginning Nov. 5th, 2002.

The new address is:

19245 Caribbean CT.
Tequesta, FL 33469

If any questions, I can be contacted at work:
561.330.3151 ext. 3150 or home:
561.743.3265

Thanks very much,

Beatriz Cde
President
Crazy Nuts Inc.