

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000077459

1. Corporation Name

PLUM CRAZY, INC
2672 W. LAUREL
ALFORD FL 32420

2. Principal Office Address

2672 W. LAUREL

Suite, Apt. #, etc.

City & State

Alford

Zip

32420

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL 32420

Zip

Country

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

08/03/2001

5. FET Number

59-3735550

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BOB MORRISSEAU

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

2672 W. LAUREL

Suite, Apt. #, Etc.

City

Alford

State

FL

Zip Code

32420

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

Robert J. Morrisseau Sr.
REGISTERED AGENT MUST SIGN

Date 1/7/03

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
<u>Pres</u>	<u>BOB MORRISSEAU</u>	<u>2672 W. LAUREL</u>	<u>Alford, FL 32420</u>

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)(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

Robert J. Morrisseau Sr.

1/7/03

Date

Daytime Phone #

850-722-4924

CR2E081 (9/01)

To Whom it May Concern:

We never received a reinstatement
for 2002 Corporation we then called
and received this Paper and I called
and was told to send this w/ \$300⁰⁰
for reinstatement.

Thank You

Robert A. Warrasian Sr.

Plum CRAZY INC
President.