

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 MAR 12 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *05-07*

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000082386

1. Corporation Name

CRUZ CRAFT DESIGN CORP

2. Principal Office Address - No P.O. Box #
3220 NW 65TH

3. Mailing Office Address
3220 NW 65TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT LAUDERDALE, FL

City & State
FT LAUDERDALE, FL

Zip
33309

Country
USA

Zip
33309

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
08/21/2001

5. FEI Number
65-1133926

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
CRUZ, RICHARD

Street Address (P.O. Box Number is Not Acceptable)
3220 NW 65TH ST

Suite, Apt. #, Etc.


City
FT LAUDERDALE

State Zip Code
FL 33309

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



Date **03/07/2007**

REGISTERED AGENT MUST SIGN

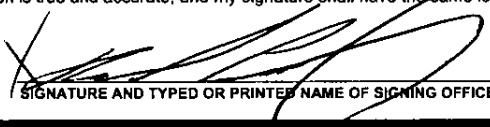
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CRUZ, RICHARD	3220 NW 65TH ST	FT LAUDERDALE FL 33309
VD	CRUZ, TERESITA	3220 NW 65TH ST	FT LAUDERDALE FL 33309

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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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2007 (305)331-9531

Date Daytime Phone #

2/13/07