

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096918

1. Corporation Name

CRUMLEY & ASSOCIATES, INC.

Principal Place of Business

12425 CLOCKTOWER PKWY.  
BAYONET PT FL 34667

Mailing Address

12425 CLOCKTOWER PKWY.  
BAYONET PT FL 34667

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/04/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3759090

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	CRUMLEY, BOB	403 INDIES RD., PO BOX 421071	RAMROD KEY FL 33042
V	CATE, ROBERT F	13008 CLUB DRIVE	BAYONET PT. FL 34667

000008630270  
10/28/02--01104--017 \*\*150.00

*Signature*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CATE, ROBERT F  
12425 CLOCKTOWER PKWY.  
BAYONET PT FL 34667

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-23-02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02 727.819.7964

Date

Daytime Phone #

CR2E040 (8/02)

**Crumley &  
Associates, Inc.**

**SONY®**  
**Multi-Media**  
**Language Learning**  
**Technology**

October 23, 2002

Jim Smith  
Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

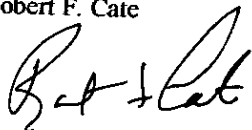
RE: Application for Reinstatement  
Document # PO1000096918  
FEI # 59-3759090

Dear Mr. Smith,

Because Crumley & Associates, Inc. did not receive the two prior uniform businesses report notices (UBR). We respectfully request that the reinstatement fee be waived.

We are including the "Application for Reinstatement" along with a check for \$ 150 as a reinstatement fee.

Sincerely,  
Robert F. Cate



Registered Agent and Vice President

*For Sales Information:*  
BOB CATE

12425 Clock Tower Pkwy  
Bayonet Pt. FL 34667

727-819-9464 Phone  
877-819-9464 Toll Free  
435-808-2742 FAX

bobcate@att.net

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