

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 16 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000104244

1. Corporation Name

CROFT TECHNOLOGIES INC.

2. Principal Office Address

10771 SW 188th STREET

Suite, Apt. #, etc.

SUITE #1

City & State

MIAMI

Zip

33157

Country

USA

3. Mailing Office Address

10771 SW 188th STREET

Suite, Apt. #, etc.

SUITE #1

City & State

MIAMI

Zip

33157

Country

USA

REINSTATEMENT 03-04

600028782586

02/16/04--01013--015 **908.75

4. Date Incorporated or Qualified:
To Do Business in Florida 10/29/2001

5. FEI Number
641148741

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

ROXWELL SMITH

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

12990 SW 191st STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33177

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

Roxwell Smith
REGISTERED AGENT MUST SIGN

Date 2/12/2004

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/T	ROXWELL SMITH	12990 SW 191st STREET	MIAMI/FL/33177
V	GAIL ROBERTS	12990 SW 191st STREET	MIAMI/FL/33177
S	BANCROFT SMITH	12990 SW 191st STREET	MIAMI/FL/33177

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:

Roxwell Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04

Date

305-251-9021

Daytime Phone #

CR2E001 (01/04)