

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -4 PM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000041599

**1. Corporation Name**

Craze, Corp

**2. Principal Office Address**

13935 NW 1st Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33168

Country

US

**3. Mailing Office Address**

13935 NW 1st Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33168

Country

US

**4. Date Incorporated or Qualified**

To Do Business in Florida 04/17/2002

**5. FEI Number**

03-0427571

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

900037665669  
06/04/04--01033--015 \*\*300.00

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

PB&A Financial Services, Corp

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

13935 NW 1st Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 05/04/2004

**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	Arist Delgado	13935 NW 1st Ave	Miami, FL 33168

**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:**

*Arist Delgado* / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/04

Date

305-688-9694

Daytime Phone #

CR2E081 (01/04)

June 1, 2004

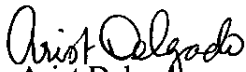
State of Florida Div of Corp  
Po Box 6327  
Tallahassee, Fl. 32314

RE: Craze, Corp  
P02000041599

To whom it may concern:

We were advised by our bank, that our corporation has been dissolved, we never received the renewal of the corporation. Enclosed please find a check for \$300.00 for the renewal fees for two years and also a reinstatement form.  
Please update your records accordingly.

Thank you,

  
Arist Delgado  
President