

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 OCT -8 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000051811

1. Corporation Name

Crandall & Queen, Inc.

2. Principal Office Address

9200 Bonita Beach Road

Suite, Apt. #, etc.

203

City & State

Bonita Springs, FL

Zip

34135

Country

Lee

3. Mailing Office Address

25560 Springtide Court

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34135

Country

Lee

REINSTATEMENT 2003

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

5/10/02

5. FEI Number

03-0448020

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

Charles R. Gehrke, Esq.

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

5129 Castello Drive

Suite, Apt. #, Etc.

#1

City

Naples,

State

FL

Zip Code

34103

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

10/3/03

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
P	William Allen Queen	25560 Springtide Court	Bonita Springs, FL 34135
V	Gerard Barricella	12246 Londonderry Lane	Bonita Springs, FL 34135

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] William Allen Queen

President

Date

10/6/3

Daytime Phone #

239-498-9615

CR2E081 (10/02)