

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000087791

1. Corporation Name

CRC MAIL INC.

FILED

07 MAY -1 PM 3:22

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

900103190949
05/24/07--01019--003 **\$600.00

REINSTATEMENT 04-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

9921 racetrack rd

Suite, Apt. #, etc.

3. Mailing Office Address

9921 racetrack rd

Suite, Apt. #, etc.

City & State

tampa fl

City & State

tampa fl

Zip

33626

Country

us

Zip

33626

Country

us

4. Date Incorporated or Qualified
To Do Business in Florida

8/14/2002

5. FEI Number

141842545

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 coppola

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

Suite, Apt. #, Etc.

City
palm harbor

State
FL

Zip Code
34683

☒ 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

REGISTERED AGENT MUST SIGN

Date **04/27/07**

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	Charles Coppola	108 Ramona Cir	Palm Harbor FL 34683

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:

charles coppola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

727-504-8477

Daytime Phone #