

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000096722

1. Corporation Name

CRAFTECH INDUSTRIES INC.

Principal Place of Business

Mailing Address

~~5976 JESSICA DRIVE~~  
~~APOPKA FL 32703~~

5976 JESSICA DRIVE  
APOPKA FL 32703

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2642 Floral Av.

Suite, Apt. #, etc.

Unit #6

City & State

Apopka, FL

Zip

32703

Country

Seminole

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Same

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/03/2002

5. FEI Number

51-0425846

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
1	Samuel Hamm <i>Vice President</i>	5976 Jessica Dr	Apopka, FL 32703
1	Kathryn Hamm <i>President</i>	5976 Jessica Dr	Apopka, FL 32703

8. Name and Address of Current Registered Agent

HAMM, KATHRYN  
5976 JESSICA DRIVE  
APOPKA-FL-32703

9. Name and Address of New Registered Agent

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

*Kathryn Hamm*  
REGISTERED AGENT MUST SIGN

Date 10-10-03

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:

*Kathryn Hamm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kathryn Hamm*  
President  
10-10-03  
Vice President

Date

Daytime Phone #

FILED  
03 NOV 10 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 03



07/03/03 90030.004 \$150.00  
700023980867  
10/21/03--01017--018 \*\*400.00

CR20040 (7/03)

To Whom It May Concern:

I'm writing this letter in reference to the fact that I did not receive my original form from the state because it was sent to the wrong address. My CPA gave it to me after the due date. I sent the \$150.00 in with a letter from my CPA stating the fact that it was not my fault. I never received a reply from you. Since you kept the \$150.00 and never sent my anything else, I assumed that all was well. Then today, I received a reinstatement notice. Which was sent to my home and not to my office.

I'm enclosing the \$400.00 late fee payment, which I feel that I should not have to pay. But I do want my corporation to be reinstated.

Please contact me at the correct and following address:

Craftech Industries, Inc.  
2642 Floral Ave.  
Unit #6  
Apopka, Florida 32703

Thank you,

Kathryn Hamm