

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117306

1. Corporation Name

FULL SERVICE CREW CENTER, INC.

REINSTATEMENT 03

100023590071
10/06/03--01073--006 **150.002. Principal Office Address
1180 S America Way3. Mailing Office Address
1180 S America Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL 33132City & State
Miami, FL 33132

Zip Country

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 10/31/025. FEI Number
27-0035655Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Albert DoukStreet Address (P.O. Box Number Is Not Acceptable)
21399 Marina Cove CirSuite, Apt. #, Etc.
Apt M12City
AventuraState
FLZip Code
33132

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 09/26/03

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,S,T,D	Albert Douk	21399 Marina Cove Cir Apt M12	Aventura, FL 33180

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/26/03 (305) 376-0181

Date

Daytime Phone #

CR2E081 (9/01)

Miami, September 26th, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: FULL SERVICE CREW CENTER, INC.
Doc Number P02000117306

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

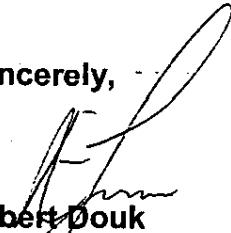
We are enclosing a check for \$150 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,



Albert Douk
President
1180 S America Way
Miami, FL 33132