

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 20 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000087434

1. Corporation Name

CRAIG W. EDWINE INC.

2. Principal Office Address 5050 2ND AV.

ST. PETERS FL 33710

3. Mailing Office Address 5050 2ND AV.

ST. PETERS FL 33710

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERS FL

City & State

ST. PETERS FL

Zip

33710

Country

U.S.A.

Zip

33710

Country

U.S.A.

REINSTATEMENT

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida 8-04

5. FEI Number

58-2683706

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

CRAIG EDWINE

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

5050 2ND AV. N.

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33710

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

10/10/05

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	<u>CRAIG EDWINE</u>	<u>5050 2ND AV. N.</u>	<u>ST. PETERS FL 33710</u>
			500060832035 10/20/05--01058--015 **750.00
		<u>DR 10/23</u>	

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

[Signature] CRAIG EDWINE

Date

10/10/05

Daytime Phone #

727 321 5405