


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P04000084958

**1. Corporation Name**  
CRAZY CRAB, Inc.

<b>2. Principal Office Address</b> <u>8457 N.W. 70st.</u>		<b>3. Mailing Office Address</b> <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FLA.</u>		City & State	
Zip <u>33166</u>	Country <u>U.S.A</u>	Zip	Country

FILED  
06 OCT 11 3:31  
SEC. TALLA  
3000081301809  
10/27/06 -01053-010 \$\*308.75

**REINSTATEMENT** 05-06 W00

**4. Date Incorporated or Qualified To Do Business in Florida** 5/28/04

**5. FEI Number** ☒ 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 MICHAEL ARIET

Street Address (P.O. Box Number is Not Acceptable) 8457 N.W. 70st.

Suite, Apt. #, Etc.

City MIAMI State FL Zip Code 33166

**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] Date 10/10/06

REGISTERED AGENT MUST SIGN

**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
<u>Pres.</u>	<u>MICHAEL ARIET</u>	<u>8457 NW 70st</u>	<u>MIAMI, FLA 33166</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)(f), 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] MICHAEL ARIET Date 10/10/06 Daytime Phone # 305 491-8404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/06.

Florida Dept of State  
Annual Report Dept.

RE: Crazy Crab, Inc.

As for our communication I am sending \$300.00 for my Annual Report, since I never received the report. My Corporation is Crazy Crab, Inc, doct # 104000084958. I had notified your office of my address change and it seems that it was never changed. I Thank you in advance for the waiver of the late fee.

Thank you in advance,

Michael Ariet  
MICHAEL ARIET.

Crazy Crab, Inc.

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