
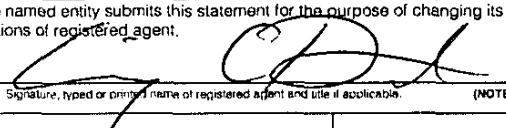
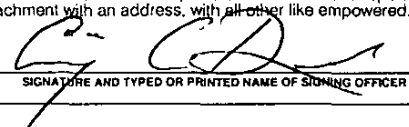


2005 FOR PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

DOCUMENT # P04000089431 1. Entity Name CRA-SEA STRUCTURES, INC.					
Principal Place of Business 508 HILLCREST AVENUE TARPON SPRINGS, FL 34689			Mailing Address 508 HILLCREST AVENUE TARPON SPRINGS, FL 34689		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 861109361 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DRAKE, CRAIG 508 HILLCREST AVENUE TARPON SPRINGS, FL 34689				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="text-align: right;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  10-29-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRAKE, CRAIG 508 HILLCREST AVENUE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600061292516 11/09/05--01041--012 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRAKE, SEAN 508 HILLCREST AVENUE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Craig C. Drake 10/19/05 (121) 417-7873 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED
05 NOV -3 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

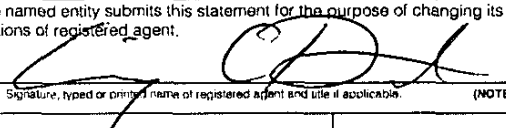


10142005 REIN-P CR2E098 (6/04)

4. FEI Number **861109361** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

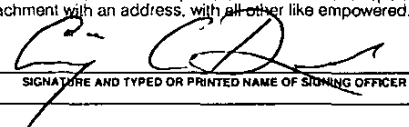
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE  10-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP D DRAKE, CRAIG 508 HILLCREST AVENUE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600061292516 11/09/05--01041--012 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP D DRAKE, SEAN 508 HILLCREST AVENUE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Craig C. Drake** 10/19/05 (121) 417-7873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Division of Corporations****2005 Reinstatement**

**Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the Reinstatement form.**

This information cannot be changed on the report.	
Document Number	P04000089431
Business Entity Name	CRA-SEA STRUCTURES, INC.
Original File Date	05/12/2004

FEI Number

Principal Address 508 HILLCREST AVENUE
TARPON SPRINGS, FL 34689

Mailing Address 508 HILLCREST AVENUE
TARPON SPRINGS, FL 34689

Registered Agent CRAIG DRAKE
508 HILLCREST AVENUE
TARPON SPRINGS, FL 34689

Officer/Director Name And Address

D
CRAIG DRAKE
508 HILLCREST AVENUE
TARPON SPRINGS, FL 34689

D
SEAN DRAKE
508 HILLCREST AVENUE
TARPON SPRINGS, FL 34689

☒ **A reinstatement fee is required except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.**

[Continue](#)

Page 2 of 2

Cra-Sea Structures Inc.

Craig Drake
Cra-Sea Structure
508 Hillcrest Ave
Tarpon Springs, FL 34689
727 942-3468
Fax: 727 942 3468

October 27, 2005

Florida Dept. of State
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

The purpose of this letter is to request a waiver for the reinstatement fee of \$650.00 for Cra-Sea Structures. Cra-Sea Structures did not receive a notice of reinstatement or a second notice. Furthermore, Crasea Structure was incorporated within the past two years and was unaware of the process for reinstatement. The reference number concerning this issue is #P14000089431. Thank you for your time and consideration in this matter.

Sincerely,

Craig C. Drake
Cra- Sea Structures Inc.