

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 21 PM 1:03

DOCUMENT # P93000050810

1. Corporation Name

CRAZY JOE'S, INC.

Principal Place of Business

4270 DOW RD
SUITE 205
MELBOURNE FL 32935
US

Mailing Address

4270 DOW RD
SUITE 205
MELBOURNE FL 32935
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1993

5. FEI Number

59-3198489

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VSTD	PALLANTE, JOSEPH III	4270 DOW RD STE 205	MELBOURNE FL
DP	PALLANTE, STEVEN M	4270 DOW RD STE 205	MELBOURNE FL

100003029851--6
-11/01/99--01005--018
***750.00 ***750.00

PR 10/13/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PALLANTE, STEVEN
4270 DOW ROAD
SUITE 205
MELBOURNE FL 32935

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.

Signature of
Registered Agent

[Signature] REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/13/99

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:

[Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99
Date

1407/259-1233
Daytime Phone #