

APPLICATION
FOR
REINSTATEMENT
FOR 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THESE SPACES
**APPROVED
AND
FILED**

97 JAN 21 AM 10:31

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P 94000006701

CRAZY CLAM CRUISES, INC.
690 SOUTH SHORE DR
MIAMI BEACH, FL. 33141

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified
To Do Business in Florida

01/27/94

4. FEI Number

65-0509850

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

Title 1	Names of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
P/D	ILONA MENDEZ	690 S. SHORE DR	MIAMI BEACH, FL. 33141
			900002067419--S -01/24/97-01031-004 ****\$15.00 ****\$15.00

REINSTATEMENT 96-97
A. Allen
1/21/97

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

ILONA MENDEZ
690 SOUTH SHORE DR
MIAMI BEACH, FL. 33141

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

FL.

Zip Code

8. 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

REGISTERED AGENT MUST SIGN

Date

9. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Date 01/15/97

Phone # (305) 864-6204

Typed or printed name of signing officer or director

ILONA MENDEZ

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
required for a
Certificate of Status.