

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL -1 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065247

1. Corporation Name

CRAFT CLEAN SERVICES INC.

2. Principal Office Address

872 U.S. Hwy 98

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 31

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

City & State

Port St. Joe, FL

Zip

32456

Country

USA

Zip

32456

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/1/94

5. FEI Number

593263285

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

JO ANN HANCE

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

1303 CALABRIA DR.

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

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

JO ANN HANCE

REGISTERED AGENT MUST SIGN

Date

5/13/02

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
Pres.	Richard Hance	874 Country Club Dr. P.O.	Port St. Joe, FL 32456

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:

Richard A. Hance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/02

Date

850 229-5363

Daytime Phone #

RICHARD A. HANCE, PRESIDENT

CR2E081 (9/01)