

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
NOTICE OF REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 19 PM 1:54

DOCUMENT # P95000001086

1. Corporation Name

Crab Crossing, Inc.

2. Principal Office Address - No P.O. Box #

7802 S.E. Canaan Way

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33478

Country

USA

3. Mailing Office Address

250 S. Australian Ave., Ste. 601

Suite, Apt. # etc

City & State

W. Palm Beach, FL

Zip

33401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1994

5. FEI Number

65-0572334

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

W. Glenn Dempsey, Esq.

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

250 S. Australian Ave.

Suite, Apt. #, Etc.

601

City

W. Palm Beach

State

FL

Zip Code

33401

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

W. Glenn Dempsey
REGISTERED AGENT MUST SIGN

Date 6/25/2010

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
D	Stephen S. Young	7802 S.E. Canaan Way	Jupiter, FL 33478

REINSTATEMENT 95-10

10. E-mail Address: gdempsey@rbdplaw.com

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/2010

Daytime Phone #

ROGERS, DEMPSEY AND PALADINO
ATTORNEYS
ONE CLEARLAKE CENTRE
250 SOUTH AUSTRALIAN AVENUE
SUITE 601
WEST PALM BEACH, FLORIDA 33401

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ROBERT O. ROGERS (1930-2002)

W. GLENN DEMPSEY
RICHARD PALADINO

July 12, 2010

TELEPHONE (561) 655-8980
TELECOPIER (561) 655-9480

Florida Department of State
Division of Corporations
Jeraline Saulsberry, Regulatory Specialist
P.O. Box 6327
Tallahassee, Florida 32314

Re: Crab Crossing, Inc.

Dear Ms. Saulsberry:

Enclosed you will find a copy of your letter dated July 7, 2010 regarding the reinstatement of Crab Crossing, Inc. in the State of Florida. Our check in the amount of \$2,858.75 was not returned as stated in your letter. A copy of the cancelled check is enclosed. You will also find enclosed our firm's check in the amount of \$150.00, in payment of the additional balance due in order to reinstate the corporation.

I would appreciate it if you would mail the Certificate of Status to my office at 250 S. Australian Avenue, Suite 601, West Palm Beach, Florida 33401.

Thank you for your assistance in this matter.

Sincerely,

ROGERS, DEMPSEY & PALADINO


W. Glenn Dempsey

WGD/sab
Enclosures