

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 13 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000077505

1. Corporation Name

CROAKIN' POETS, INC.

Principal Place of Business

4726 NORTHWEST 23RD AVENUE  
GAINESVILLE FL 32606

Mailing Address

4726 NORTHWEST 23RD AVENUE  
GAINESVILLE FL 32606

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/28/1995

Suite, Apt. #, etc.

4300 NW 23 AVE SUITE 185

Suite, Apt. #, etc.

City & State

PO BOX 147060  
GAINESVILLE, FL

City & State

Zip

32606

Country

USA

Zip

Country

5. FEI Number

59-3336548

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Ken Block	3405 NW 10th Ave	Gainesville FL 32607
Vice-Pres.	Jeff Beres	422 SW 10th ST.	GAINESVILLE, FL. 32601
Vice-Pres.	Ryan Nevel	779 NW 37th Ave	Gainesville FL 32607
Treasurer	Andrew Copeland	4726 NW 23rd Ave	Gainesville, FL 32606
Secretary	Mark Trojanowski	3801 SW 13th ST APT 111	Gainesville, FL 32608

8. Name and Address of Current Registered Agent

COPELAND, ANDREW  
4726 NORTHWEST 23RD AVENUE  
GAINESVILLE FL 32606

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400002009354-4

11/20/96-01025-015

\*\*\*375.00 \*\*\*375.00

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]* REGISTERED AGENT MUST SIGN

Date

10/1/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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]* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/96

Daytime Phone #