

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR -2 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000011478

**1. Corporation Name**

CRAJAC, Inc

**2. Principal Office Address**

2240 N.W. 33rd Terr

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, Fla

Zip  
33311

Country

USA

**3. Mailing Office Address**

2240 N.W. 33rd Terr

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, Fla

Zip

33311

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/06/1996

**5. FEI Number**

65-0657026

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

MRS. JANIE J. POLITE

600048446056

03/15/05--01060--014 #150837

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

2240 N.W. 33rd Terr

Suite, Apt. #, Etc.

City

Lauderdale, Lakes

State

FL

Zip Code

33311

**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

Janie J. Polite

REGISTERED AGENT MUST SIGN

Date February 28, 2005

**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
PD	MRS. JANIE J. POLITE	2240 N.W. 33rd Terr	Lauderdale Lakes Florida 33311
UD	DR. CRAIS K. POLITE	2240 N.W. 33rd Terr	Lauderdale Lakes Florida 33311
STD	Mrs YVONNE JACQUELINE POLITE	2240 N.W. 33rd Terr	Lauderdale, Lakes, Florida 33311

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janie J. Polite / JANIE J. POLITE

Date

February 28, 2005  
954.484.8627

Daytime Phone #