## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF Secretary of State  DIVISION OF CORPORATIONS	FILED 05 007 14 PH 4:10
DOCUMENT # P96000 1. Corporation Name CRUDAN'S BOU		GEORIES AND ATE
358/ N. FEDERAL	3. Mailing Office Address SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified 7 To Do Business in Florida 2/23/1994
BOCA RATON IFLA	- City & State	5. FEI Number Applied For Not Applied For Not Applied For
3343/ PALM BEACH	Zip Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name NIGEL PRIESTLEY  Street Address (P.O. Box Number is Not Acceptable)  358/ N. FEDERAL HWY.  Suite, Apt. #, Etc.  City Boca RATON, FLA.  State Zip Code FL 3343/		
	FL   33431	
Signature of Registered Agent Pagent Agent MUST Stark  REGISTERED AGENT MUST Stark  Replacement Agent Registered Agent MUST Stark  Registered Agent Registered Agent MUST Stark		
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	<del></del>	city / State / Zip
PYSD NIGEL PRIES	5754-3581-N. F	EBERAL BOOK RATION - FLA-33431
F. LISTATE STATE OF TOS		
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 filling 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:  WALL PRIESTED  9/15/05  /3u2-0234		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #		