

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 DEC 30 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000060181

1. Corporation Name

CRUSTACEAN CORP.

Principal Place of Business

Mailing Address

27170 HICKORY BLVD.
BONITA BEACH FL 33923

27170 HICKORY BLVD.
BONITA BEACH FL 33923

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

~~3417~~
Suite, Apt. #, etc.

Suite, Apt. #, etc.
7417 BAY COLONY DR

City & State

City & State
NAPLES FL

Zip

Country

Zip Country
FL 34108 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/1996

5. FEI Number

65-0697070

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	BAYER, DENAE L	27170 HICKORY BLVD.	BONITA BEACH FL 33923
D	BAYER, DENAE L	27170 HICKORY BLVD.	BONITA BEACH FL 33923

REINSTATEMENT

9000003095339--3
-01/12/00--01002--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

COLEMAN, KEVIN G ESQ
4001 TAMiami TRAIL NORTH #300
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10-18-99

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 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

Date

Daytime Phone #

12.27.99 24.992.00