


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P96000060181</i>			
1. Corporation Name Crustacean Corp.			
2. Principal Office Address 27170 Hickory Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 27170 Hickory Blvd. Suite, Apt. #, etc.	
City & State Bonita Beach, FL		City & State Bonita Beach, FL	
Zip 33923	Country USA	Zip 33923	Country USA
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 650697070		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Kevin G. Coleman			
Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North			
Suite, Apt. #, Etc. Suite 300			
City Naples		State FL	Zip Code 34102
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 <i>[Signature]</i>		Date <i>5/25/05</i>	
REGISTERED AGENT MUST SIGN			
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
PVST	Denae L. Bayer	27170 Hickory Blvd.	Bonita Beach, FL 33923
D	Denae L. Bayer	27170 Hickory Blvd.	Bonita Beach, FL 33923
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 <i>[Signature]</i>		Signature and Typed or Printed Name of Signing Officer or Director <i>DENAE L BAYER</i>	
		Date <i>JULY 7. 05</i>	Daytime Phone #

FILED
05 JUL 25 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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