

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

97 OCT 31 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000076922**

1. Corporation Name

CRABS FROM FLORIDA, INC.

Principal Place of Business

**720 WEST KING STREET
COCOA FL 32822**

Mailing Address

**720 WEST KING STREET
COCOA FL 32822**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1996

5. FEI Number

59-3401935

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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
D / P	ZUCKERMAN, GILBERT G	560 FELLOWSHIP RD., SUITE 102 560 Fellowship Rd., Ste 200	MOUNT LAUREL NJ 08054
D / VP	ZUCKERMAN, SCOTT M	560 FELLOWSHIP RD., SUITE 102 560 Fellowship Rd., Suite 200	MOUNT LAUREL NJ 08054
D / S	DRAGANI, THOMAS S	560 FELLOWSHIP RD., SUITE 102 560 Fellowship Rd. Suite 200	MOUNT LAUREL NJ 08054
D / VP	DRAGANI, VINCENT J	560 FELLOWSHIP RD., SUITE 102 560 Fellowship Rd. Suite 200	MOUNT LAUREL NJ 08054

REINSTATEMENT

97
52 11-4-97

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

X

Ann J. Williams

ANN J. WILLIAMS
Assistant Vice President

Date

October 30, 1997

REGISTERED AGENT MUST SIGN

11. This corporation ~~owes or~~ has paid the current year
Intangible Personal Property tax due June 30.

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:

Gilbert G. Zuckerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gilbert G. Zuckerman, President

10/28/97 604-273-7783
Date Daytime Phone #

CR2E040 (8/97)