

Filing Fee \$300.00 Did not receive notices.

1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 12 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031407

1. Corporation Name

Bone Crustler Enterprise Inc

2. Principal Office Address

1500 N68 Terr
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7375
Suite, Apt. #, etc.

City & State

Hollywood

City & State

Hollywood FL

Zip

33024

Country

Brund

Zip

33081

Country

Brund

REINSTATEMENT

SP-2004 (1205)

0506

4. Date Incorporated or Qualified
To Do Business in Florida

4-7-97

5. FEI Number

65-0745568

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

CHRISTOPHER O'Sea

800095810288

04/04/07-01044-015 **150.00

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

1500 N68 Terr

100081259311

10/27/06-01007-004 **300.00

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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

REGISTERED AGENT MUST SIGN

Date 10-25-06

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
D-P	CHRISTOPHER O'Sea	1500 N68 Terr	Hollywood FL 33024

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 contained in Chapter 119, 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 #

954-805-3072
10-25-06

2/2

3/7/2007

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

Re: Letter # 806A00065836 & Ref # P97000031407

To whom it may concern:

This letter is in reference to reinstatement of my corporation Bonecrusher Enterprises Inc.

I am requesting that my corporation be reactivated, because I did not receive the forms for 2005, and 2006. *150⁰⁰ Enclose for the year 2007*

Please find enclosed a check for \$150.00 to the Florida Dept. of State, Division of Corporations
for fees due for 2007.

Thank you for your attention to this matter.

If you have any questions, please call me at 954-805-3072

Sincerely,



Christopher O'Jea
Bonecrusher Ent. Inc.
Tax ID#65-745568