

Filing Fee \$300.00 Did not receive notices.

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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 Crustal Enterprise Inc*

2. Principal Office Address  
*1500 N68 Terr*  
Suite, Apt. #, etc.

3. Mailing Office Address  
*P.O. Box 7375*  
Suite, Apt. #, etc.

REINSTATEMENT  
Section 607.0205 *05 06*

City & State  
*Hollywood*  
Zip  
*33024* Country  
*Broward*

City & State  
*Hollywood FL*  
Zip  
*33081* Country  
*Broward*

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*  
Suite, Apt. #, Etc. *10/27/06--01007--004 \*\*300.00*

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 *[Signature]* Date *10-25-06*

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
<i>D-P</i>	<i>CHRISTOPHER O'SEA</i>	<i>1500 N68 Terr</i>	<i>Hollywood FL 33024</i>

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]* Date *10-25-06* Daytime Phone # *954-805-3072*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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. *150<sup>00</sup> 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