

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 AUG -3 PM 4:35

STATE OF FLORIDA  
TALLAHASSEE

DOCUMENT # P97000031407

1. Corporation Name

Bone Crusher Enterprises, INC

Ref Number

900183944049  
08/03/10--01018--014 \*\*58.75

900183944049  
08/03/10--01018--013 \*\*1000.00

**REINSTATEMENT** 08-10

2. Principal Office Address - No P.O. Box #

1237 Oak Water Drive

3. Mailing Office Address

1237 OAK WATER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach

City & State

Florida

Zip

33411

Country

USA

Zip

33411

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4-07-97

5. FE# Number

65-745568

☐ 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

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

1237 OAK WATER DR

Suite, Apt. #, Etc.

City  
ROYAL PALM BEACH

State

FL

Zip Code

33411

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 7-30-10

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
President	CHRISTOPHER O'SEA	1237 OAK WATER DR	ROYAL PALM BEACH FL 33411
Vice President	CHRISTOPHER O'SEA	1237 OAK WATER DR	ROYAL PALM BEACH FL 33411
Treasurer	CHRISTOPHER O'SEA	1237 OAK WATER DR	ROYAL PALM BEACH FL 33411

10. E-mail Address: Fedex97535@YAHOO.COM

(To be used for future annual report notification)

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, I further certify, 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:

CHRISTOPHER O'SEA President 7-30-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/3 am