PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P98000004938
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1. Corporation Name

THE APPLE CRATE, INC.

FILE

03 OCT 31 AM 9:50

SECRETARY OF STATE FALLAHASSEE FLORIDA

Principal P	lace of Busine	ss	Mailing Addre	ess		-				
5247 10TH AVENUE 453 PERRY A GREEN ACRES FL 33463 GREEN ACRE		AVE ES FL 33463								
If above addresses are incorrect in any way, line through incorrect inf							REINS	TATEM	ENT	03
New Principal Office Address, If Applicable 3. New Mall			ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt. #,			etc.			5. FEI Number Applied For				
City & State City & Sta			City & State	3			65-0811127 Not Applicable			
Zip Country		Zip Co		Country	y ,	6. CERTIFICATE OF STATUS DESIRED for a Cert		dditional Fee required Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	Fitle(s) Name of Officers and/or Directors					eet Address of Each icer and/or Director	City / State / Zip			Zip
PSTD	BLACK, KIM			5247 10TH AVENUE			GREEN ACRES FL 33463			
							20 10/31/	002433 03010320	025: 110_**	⊇ 150.00
							·			
		() ·			-					
				<u> </u>						
	8. Nam	e and Address of Current	Registered Age	nt			9. Name and	Address of New Regi	stered Agen	nt
BLACK, KIM 453 PERRY AVE					Street Address (P.O. Box Number is Not Acceptable)					
GREENACRES FL 33463			Suite, Apt. #, Etc.							
				City			·		State Zip	o Code
10. I, being	appointed the	e registered agent of the abo	ve named corpo	ration, am fa	amiliar wi	th and accept the ob	ligations of Secti	on 607.0505, F.S. or 6	17.0505, F.S	3.
Signature of Registered	of Agent	Kim Bl	ock	, <u>\$</u> -†		· · · · · · · · · · · · · · · · · · ·		Date	27-	03
11. I certify	that I am an o	fficer or director or the recei	GISTERED AG			this application as p	rovided for in cha	pter 607 or 617, F.S. I	further certif	ly that when filing

1. 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:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-03

561-248 5311

Daytime Phone #

THE APPLE CRATE 5247 10TH AVE GREENACRES, FLORIDA 33463 561-248-5311

October 28th, 2003

Dept.. of State

To who it may concern:

Please wave the \$600.00 penalty for reinstatement for my corporation.

This letter stating it has been resolved is the first letter I have seen.

Although this tax is due every year and I should have remembered it, with all the other taxes due around the same time I have overlooked the corporate renewal and did not call to question of the where abouts of the renewal form.

Best regards,

Kim Black President