

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 13 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

DOCUMENT # P98000014918

**1. Corporation Name**

William E. Craig & Associates, Inc.

2234 NE 2nd Avenue

2234 NE 2nd Avenue

**2. Principal Office Address**

2234 NE 2nd Avenue

**3. Mailing Office Address**

2234 NE 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

33137

Country

Miami-Dade

Zip

33137

Country

Miami-Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0814922

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

William E. Craig

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

2234 NE 2nd Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

**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

*William E. Craig*

Date 11-15-2004

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
P	William E. Craig	2234 NE 2nd Avenue	Miami, FL. 33137

**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 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:

*William E. Craig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-04

Date

305-573-8440

Daytime Phone #

CR2E081 (01/04)