

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000028750

1. Corporation Name

CRAZY STORES CORP.

2. Principal Office Address

9601 Fountainebleau Blvd.

Suite, Apt. #, etc.

Apt. #314

City & State

Miami, Florida

Zip

33172

Country

USA

3. Mailing Office Address

9601 Fountainebleau Blvd.

Suite, Apt. #, etc.

Apt. #314

City & State

Miami, Florida

Zip

33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March, 27, 1998

5. FEI Number

65-0822886

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

SERGIO WALDYR OREFICE

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

9601 Fountainebleau Blvd.

Suite, Apt. #, Etc.

Apt. #314

City

Miami

State
FL

Zip Code

33172

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 January 10, 2001

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/VP/D	Sergio Waldyr Orefice	9601 Fountainbleau Blvd., #314	Miami, Florida 33172
S/Tr/D	Marinha Orefice	9601 Fountainbleau Blvd., #314	Miami, Florida 33172

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

01/10/2001

Date

(305) 444-4949

Daytime Phone #

LAW OFFICES OF
JOSEPH B. RYAN III, P.A.
133 SEVILLA AVENUE
CORAL GABLES, FLORIDA 33134-6006
TELEPHONE (305) 444-4949

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JOSEPH B. RYAN III*
*ALSO ADMITTED IN CALIFORNIA

TELECOPIER (305) 444-2289
E-MAIL: BERISIMUS@AOL.COM

January 10, 2001

Via Federal Express

Florida Department of State
Division of Corporations
401 East Gaines Street
Tallahassee, FL 32399
Attn: Reinstatement Division

Re: Crazy Stores Corp. (Document No.: P98000028750)

Dear Sir/Madam:

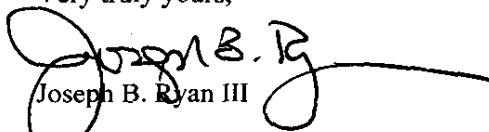
I represent the above named corporation as well as its principal, Mr. Sergio Waldyr Orefice.

As your records will indicate, Crazy Stores Corp. was dissolved as a result of its failure to file its 1999 Annual Report. This failure was completely unknown to my client until recently as his former business partner, Diego Scort, never advised him of this failure. For your information, my client resides in Brazil for much of the year and the day to day operations of his company were handled by Mr. Scort, who is no longer with the company. In addition the principal address of the corporation was changed some time ago. Both of these changes are noted on the enclosed Corporate Reinstatement Form. As a result of the foregoing my client never received notification of the administrative dissolution of his company until just recently when it was discovered by his bank during the process of reviewing my client's application for a new loan.

In light of the foregoing my client is requesting that his corporation be reinstated without penalty assessment. In anticipation of your favorable response I enclose your Corporate Reinstatement Form together with my check in the amount of \$450.00 for payment of the fees for years 1999-2001..

Thank you for your kind consideration to this request.

Very truly yours,


Joseph B. Ryan III
enclosure as stated

*P.S. Please send evidence of reinstatement
in self addressed, stamped envelope enclosed.
Thank you!*