

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000029084**

1. Corporation Name

GENE CRANE, INC.

Principal Place of Business

285 BRY-LYNN DR.
W. MELBOURNE FL 32904

Mailing Address

285 BRY-LYNN DR.
W. MELBOURNE FL 32904

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Old Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1998

5. FEI Number

59-3501650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CRANE, RAYMOND E	285 BRY-LYNN DR.	W. MELBOURNE FL 32904

8. Name and Address of Current Registered Agent

CRANE, RAYMOND E
285 BRY-LYNN DR.
W. MELBOURNE FL 32904

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 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:

Raymond E. Crane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/10/99 90081620 15400

FILED

99 DEC 10 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/95)

DOUGLASS A. PERSON, CPA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

October 27, 1999

Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Gene Crane, Inc.
EIN: 59-3501650
Document #: P98000029084

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Dear Sir:

Please see enclosed "second notice" 1999 Profit Corporation Annual Report.

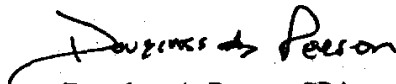
Mr. Crane did in fact mail and make payment timely to your office on the First 1999 Annual Report. Please see enclosed copy of first report. It is important to point out that Mr. Crane has always mailed and paid his Annual Reports in a timely manner.

Please check your records again to see if this has, in fact, been recorded. If so, please reinstate Gene Crane, Inc., and notify client in writing.

Again your help in this matter is greatly appreciated. If you have any further questions, please do not hesitate to contact me.

Sincerely,

DOUGLASS A. PERSON, CPA, PA


Douglass A. Person, CPA

DAP/bv
Enclosure
cc: Mr. Crane