

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 10 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200005610802--8

-05/27/02--01002--005

****300.00 ****300.00

DOCUMENT # P98000044610

1. Corporation Name

Craigco Inc

2. Principal Office Address

400 Arthur Godfrey Pkwy

Suite, Apt. #, etc.

506
Miami Beach FL

City & State

Zip

33140

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/98

5. FEI Number

650834298

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

Craig Corrie

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

400 Arthur Godfrey Pkwy

Suite, Apt. #, Etc.

506

City

Miami Beach

State

FL

Zip Code

33140

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

Craig Corrie

Date

5/8/02

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

Pres

Craig Corrie

400 Arthur Godfrey Pkwy #506

Miami Beach FL, 33140

01-02 482 5/1/98

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:

Craig Corrie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/8/02

Daytime Phone #

908-754-7727

CR2E081 (9/01)

CRAIGCO, INC.

Page 2 of 2

FACSIMILE TRANSMITTAL SHEET

TO:

FROM:

Craig T. Currie

COMPANY:

DATE:

9/19/01

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER: 1

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE: UPDATES

YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE

To whom it may concern,
As I'd like to Reinstall my Corporation,
The mailing address was changed and
I never received notification that
it was expired.

Any time

P.O. BOX 50223

LIGHTHOUSE POINT, FL 33074

TEL#908-754-7727/FAX# 908-754-7717