

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000044670

1. Corporation Name

CRAIGCO, INC.

06 FEB 22 PM 2:53

200067462402
03/09/06--01026--001 **1050.00

2. Principal Office Address

4045 Sheridan Ave.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

373

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33140

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1998

5. FEI Number

65-0834298

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 T Currie

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

4045 Sheridan Ave.

Suite, Apt. #, Etc.

373

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 Currie

REGISTERED AGENT MUST SIGN

Date 01/17/2006

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	Craig T Currie	4045 Sheridan Ave. 373	Miami Beach, FL 33140

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 contained in Chapter 119, 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 Currie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/2006

Date

908-295-8883

Daytime Phone #