

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 24 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000091732

1. Corporation Name

Casual Cracker, Inc.

2. Principal Office Address

3336 9th Street No

Suite, Apt. #, etc.

3. Mailing Office Address

1304 26 Ave No.

Suite, Apt. #, etc.

City & State

St. Petersburg FL.

City & State

St. Petersburg FL.

Zip

33704

Country

U.S.A.

Zip

33704

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 28, 1998

5. FEI Number

59-3536798

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

Pauline Jackson

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

1304 26 Ave No.

Suite, Apt. #, Etc.

300003655619-0

-02/07/01--01028--028

****450.00 ****450.00

City

St. Petersburg

State

FL

Zip Code

33704

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

Pauline Jackson

REGISTERED AGENT MUST SIGN

Date 1/22/2001

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
V, T, S	Pauline Jackson	1304 26 Ave No	St. Petersburg FL 33704
P	LARRY JACKSON	1304 26 AVE NO	St. Petersburg FL 33704

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:

Pauline Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2001 (727) 898-2066
Date Daytime Phone #

CR2ED01 (9/00)

1/22/2001

2012

To Whom it may Concern:

The notices sent to keep our Corporation was mailed to the wrong address of 336 9th Street No. The correct address is:
3336 9th Street No.

Thank You for your help in this matter.

Sincerely
Paulette Jackson