

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 DEC 28 PM 1:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PA9000024009**

1. Corporation Name

Crybaby Inc.

2. Principal Office Address

6669 Biscayne Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

6669 Biscayne Blvd
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/99

5. FEI Number

65-0902622

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

Lori Narvaez

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

696 N.E. 71 Street

Suite, Apt. #, Etc.

A

City

Miami FL 33138

State

FL

Zip Code

33138

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

Lori Narvaez

Date **12/20/00**

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
-P-	Marcy Kaplan	728 NE 67 Street	Miami FL 33138
V	Lori Narvaez	696 NE 71 Street	Miami FL 33138
T	Lori Narvaez	696 NE 71 Street	Miami FL 33138
JS	Marcy Kaplan	728 NE 67 Street	Miami FL 33138

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:

Lori Narvaez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/00

Daytime Phone #

305 754 4279

KE

CR2E081 (9/99)