

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
"REINSTATEMENT"

01 MAY -3 AM 8:28

DOCUMENT # P99000031186

1. Corporation Name

CROG, INC.

2. Principal Office Address

515 S. Ridgewood Avenue

3. Mailing Office Address

515 S. Ridgewood Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL 32114

City & State

Daytona Beach, FL 32114

Zip

32114

Country

Zip

32114

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/29/1999

5. FEI Number

59-3574285

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-01

7. Name and Address of Current Registered Agent

Name

M. A. RHYNARD

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

515 S. Ridgewood Avenue

Suite, Apt. #, Etc.

City

Daytona Beach,

State

FL

Zip Code

32114

800004288368-8
-05/22/01-01125-017
***900.00 ***900.00

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

REGISTERED AGENT MUST SIGN

Date 4/30/01

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
D	Angrisani, Frank	308 Seabreeze Blvd.	Daytona Beach, FL 32118

AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Angrisani, Director

Date

4/17/01 (386) 451 3151

Daytime Phone #