

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 1:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V65584**

1. Corporation Name
CRUMBLY HARVESTING, INC.

Principal Place of Business 629 FT. MEADE RD. FROSTPROOF FL 33843 US	Mailing Address 629 FT MEADE RD. FROSTPROOF FL 33843 US
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800009368098
 12/05/02--01020--005 **750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/01/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3142944	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CRUMBLY, RICHARD	10 MOODY LAKE DR.	FROSTPROOF FL
D	CRUMBLY, DEBORAH	2141 CR 630 W	FROSTPROOF FL
D	CRUMBLY, JEREL	2151 CR 630 W	FROSTPROOF FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
CRUMBLY, DEBORAH 629 FT. MEADE RD. FROSTPROOF FL 33843		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Deborah Crumbly* **SIGNATURE REQUIRED** Date 12/3/02
 REGISTERED AGENT MUST SIGN

11. 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: *Deborah Crumbly* **SIGNATURE REQUIRED** Date 12/3/02 Daytime Phone # 863635 4004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)