

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN 13 PM 1:36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000108299

1. Corporation Name

The Craigmere Corporation

Principal Place of Business

Mailing Address

700 S. Federal Hwy. Suite 200

Boca Raton, FL 333432

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 1999

4. Date Incorporated or Qualified To Do Business in Florida

12/24/97

5. FEI Number

65-0801743

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Lloyd Shapiro (Director), Colleen S. McMillen (Secretary), and Gary L. Shapiro (V. President).

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8. Name and Address of Current Registered Agent

Colleen S. McMillen 700 S. Federal Hwy. Suite 200 Boca Raton, FL 33432

9. Name and Address of New Registered Agent

Name: Richard Libutti Street Address: 700 S Federal Hwy Suite 200 City: Boca Raton State: FL Zip Code: 33432

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.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

01/11/00

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [] No []

(See other side for information on intangible tax.)

12. 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #