

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

1996 SEP 20 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **580784**

1. Corporation Name

CRM ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**33 4 ST. NO #210
ST. PETERSBURG FL 33701**

SAME

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

200001965072
10/04/96--01049--002
***383.75 ***383.75

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

9/17/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

35-1843175

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/ST/D	James Caramello	353 GAVE NO.	Tierra Verde FL 33715
VP/D	Jack Caramello	353 6 AVE NO.	Tierra Verde, FL 33715
VP/D	Steve Hicks	3637 Beachwood Cir	Lexington KY 40514
VP/	Jana Caramello	353 6 Ave N.	Tierra Verde FL 33715

REINSTATEMENT

all info on file

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

James Caramello

Name

James Caramello

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

353 GAVE NO

Suite, Apt. #, Etc

City

Tierra Verde

State

FL

Zip Code

33705

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/19/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] **James Caramello**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/96
Date

(813) 821-1617
Daytime Phone #

CR2E040 (12-95)