

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000067931**

1. Corporation Name

1ST Commercial Sales & Leasing, Inc

97 AUG 20 PM 2:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

**300 Marine St.
Carrabelle, FL
32322**

**P.O. Box 897
Carrabelle, FL
32322**

REINSTATEMENT

96-97

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

4. Date Incorporated or Qualified To Do Business in Florida

Sept 1, 1995

5. FEI Number

59-3335990

Applied For

Not Applicable

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
Pres	Sandy J. Crawford	Hwy 98 W. Carrabelle	FL 32322
V. Pres	Ronald D. Crawford	" "	" "
Sec/tres	Betty W. Crawford	" "	" "

**100002273951--9
-08/21/97--01096--003
****915.00 ****915.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Sandy J. Crawford
Hwy 98 W.
Carrabelle FL 32322**

Name

David S. McDonald Esq.

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

135 N. MAGNOLIA AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

Zip Code

FL

32801

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

David S. McDonald

REGISTERED AGENT MUST SIGN

Date

8-18-97

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 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:

Sandy J. Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-97

Date

950-697-2740

Daytime Phone #

CR2E040 (12/96)