

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 24 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 425741

1. Corporation Name

CROWN AND COMPANY CUSTOM
HOME BUILDERS, INC

2. Principal Office Address

110 SPRINGSIDE CT

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

Zip

32779

Country

US

Zip

Country

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

S-11-73

5. FEI Number

59-1475103

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAREL G. TAYLOR

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

110 SPRINGSIDE CT

800003379768-1

Suite, Apt. #, Etc.

09/01/00-01028-007

****900.00 ****900.00

City

LONGWOOD, FL

State
FL

Zip Code

32779

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

Darel D Taylor

Date 8-22-2000

REGISTERED AGENT MUST SIGN

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
Pres	DAREL G. TAYLOR	110 SPRINGSIDE CT	LONGWOOD, FL
SEC	SUZANNE K. TAYLOR	110 SPRINGSIDE CT	LONGWOOD, FL

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, in 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 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:

Darel D Taylor

DAREL G. TAYLOR

407-774-1540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #