

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 31 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 652703

1 Corporation Name

CRAWFORD CARPET SERVICE, INC.

Principal Place of Business

6289 POWERS AVENUE
JACKSONVILLE FL 32217

Mailing Address

6299 POWERS AVENUE
JACKSONVILLE FL 32217

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 96

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1980

5. FEI Number

59-2126600

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
T	CRAWFORD, DORIS P	2760 ILENE DRIVE	JACKSONVILLE FL
PD	WHITLEY, MARK	2148 ANTILLES COURT	JACKSONVILLE FL
VS	WHITLEY, WANDA	2148 ANTILLES COURT	JACKSONVILLE FL

700002051637-0196
-01/08/97-01/31-0196
****383-75 ****383-75
37500 37500
JBI-2-97

8. Name and Address of Current Registered Agent

HARRIS, ROBERT M.
200 EAST FORSYTH ST
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name Raymond mark whitley
Street Address (P.O. Box Number is Not Acceptable)
2148 Antilles ct
Suite, Apt. #, Etc.
City Jax State FL Zip Code 32216

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

Raymond mark whitley

REGISTERED AGENT MUST SIGN

Date

12-30-1996

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)(l), 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:

Raymond mark whitley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Raymond mark whitley

12-30-1996

Date

Daytime Phone #

904-733-2892