


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                              |                                                                                   |                                                                            |
|----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>APPLICATION<br/>FOR<br/>REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b>                                         |
|                                              |                                                                                   | <b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |

**DOCUMENT # 654182**

1. Corporation Name

**J. STEPHEN CRAWFORD, CHARTERED**

Principal Place of Business

5129 CASTELLO DR

NAPLES FL 34103  
US

Mailing Address

5129 CASTELLO DR

NAPLES FL 34103  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/30/1980

5. FEI Number

59-1969704

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4 |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|
| PD            | CRAWFORD, J STEPHEN                       | 5129 CASTELLO DRIVE SUITE 2                                                                    | NAPLES FL               |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |

000002358280--2  
-11726797--01094-013  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

CRAWFORD, J STEPHEN  
5129 CASTELLO DR  
SUITE 2  
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

34103

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

REGISTERED AGENT MUST SIGN

Date

11/21/97

11. This corporation owes or has paid 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/21/97

CR2E040 (8/97)