

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 19 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 691598

1. Corporation Name

Crevasse's Regency Florist, Inc.

200086166072
01/25/07--01003--013 **3306.25

REINSTATEMENT 88-07

CR2E081 (12/05)

2. Principal Office Address

3409 W. University Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3409 W. University Ave

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32607

Country

USA

Zip

32607

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-23-1981

5. FEI Number

592102625

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 Joseph M. Crevasse III

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

3409 W. University Avenue

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

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

Joseph M. Crevasse III

Date 1-18-07

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
DP	Aminata K. Crevasse	20914 SW 46 Avenue	Gainesville FL 32669
D	Joseph M. Crevasse III	20914 SW 46 Avenue	Gainesville FL 32669

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 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 contained in Chapter 119, 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:

Joseph M. Crevasse III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07

Date

352-213-5120

Daytime Phone #