

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F04711**

1. Corporation Name

CUSTOM CROWN & BRIDGE, INC.

Principal Place of Business

7980 WILES RD
CORAL SPG FL 33067

Mailing Address

7980 WILES RD
CORAL SPG FL 33067

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 1999

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1980

5. FEI Number

50-2060155

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	4 City / State / Zip
P	PARADISE, TERRY	5601 PINETREE RD	POMPANO BEACH, FL 33067 700003071417--7 -12/15/99--01078--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

PARADISE, TERRY L
5601 PINETREE ROAD, RR#1 BOX 528
POMPANO BEACH FL 33067

9. Name and Address of New Registered Agent

Name Paradise, Terry L
Street Address (P.O. Box Number is Not Acceptable)
5601 Pinetree Rd.
Suite, Apt. #, Etc.
City Pompano Beach State FL Zip Code 33067

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

Terry Paradise
REGISTERED AGENT MUST SIGN

Date 12-3-99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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:

Terry Paradise PARADISE 12-3-99-753-3846
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2094C (8/99)