

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

05 JUN 23 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

CRYSTAL LODGE, INC.

F66887

2. Principal Office Address

5504 WINDING BROOK LANE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO, FLORIDA

City & State

Zip

33594

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/1982

5. FEI Number

592163633

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

BRUNO ZIOERJEN

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

5504 WINDING BROOK LANE

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date June 20, 2005

**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
PT/D	BRUNO ZIOERJEN	5504 WINDING BROOK LANE	VALRICO / FLORIDA / 33594
S/D	THERESA ZIOERJEN	5504 WINDING BROOK LANE	VALRICO / FLORIDA / 33594

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06/28/05 01040 001 \*\*1208.75

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 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:

*[Signature]* Zioerjen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 20, 2005

Date

813-657-5343

Daytime Phone #

CR2E081 (01/05)