

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Landra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 19 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F89873

1. Corporation Name

CRYSTAL KRONA, INC.

Principal Place of Business

Mailing Address

15941 N. FLA. AVENUE
LUTZ FL 33549

15941 N. FLA. AVENUE
LUTZ FL 33549

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

4. Date Incorporated or Qualified To Do Business in Florida

07/07/1982

Suite, Apt. #, etc.

13727 N 12th Street

Suite, Apt. #, etc.

13727 N 12th Street

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33613

Country

Zip

33613

Country

5. FEI Number

59-2230994

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
P/D	JOHANSSON, PETER	15941 N. FLA. AVE. 13727 N 12th Street	LUTZ FL 33549 Tampa, Florida 33613
UP/D	JOHANSSON, DEBORAH J	15941 N. FLA. AVE. 13727 N 12th Street	LUTZ FL 33549 Tampa, Florida 33613

500002353055--8
11/20/97-01076-011
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHANSSON, PETER H.
15941 N. FLA. AVENUE
LUTZ FL 33549

Name

Johansson, Peter H.

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

13727 N 12th Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613

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

11-11-97

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-11-97 x 83-549-1450

COUNTRYMAN & ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

(2)

October 27, 1997

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: Crystal Krona, Inc.
EIN 59-2230994


Dear Sir / Madam:

My client has asked me to respond to your recent notice of Dissolution. He said that he never received the first notice, and believes that it was sent to the wrong address. Please refer to the incorrect address on the form. He has not been at this address for two years.

We would appreciate a wavier of the reinstatement fee. He does not understand how you have the wrong address on the inside, but the correct address on the outside of the package.

Enclosed please find a check for \$ 165.00, and we would appreciate any help that you could give us.

Sincerely,


John A. Countryman, CPA
Countryman & Assoc PA CPA

enclosures

cc Peter Johansson
Crystal Krona, Inc.