

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 24 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000960

1. Corporation Name

CROWN NORTHCORP, INC.

Principal Place of Business

1251 DUBLIN RD
COLUMBUS OH 43215

Mailing Address

1251 DUBLIN RD
COLUMBUS OH 43215

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

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1996

5. FEI Number

22-3172740

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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
DC	ROARK, RONALD E	1251 DUBLIN RD	COLUMBUS OH 43215
CEO	ROARK, RONALD E	1251 DUBLIN RD	COLUMBUS OH 43215
D	SMITH, GORDON V	1251 DUBLIN RD	COLUMBUS OH
D	LUCE, MICHAEL D	1251 DUBLIN RD	COLUMBUS OH
D	HARBERT, RAYMOND	1251 DUBLIN RD	COLUMBUS OH
D	EVERETS, JOHN W	1251 DUBLIN RD	COLUMBUS OH 43215

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100002724751-8

-12/29/98-01044-020

****750.00 ****750.00

State

Zip Code

FL

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

12/21/98

REGISTERED AGENT MUST SIGN

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:

Stephen W. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen W. Brown, Secretary

12/08/98

Date

(614)488-1169

Daytime Phone #