

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 24 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005568

1. Corporation Name

ROYAL CREST ENVIRONMENTAL CORPORATION, INC.

Principal Place of Business

Mailing Address

933 LEE ROAD
SUITE 120
ORLANDO FL 32810933 LEE ROAD
SUITE 120
ORLANDO FL 32810

REINSTATEMENT

99-50

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

10/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2117797

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
PCD	BARBER, WILLIAM	1690 ONON DAGA	OVEIDO FL
VD	CRANE, RICHARD	1690 ONON DAGA	OVEIDO FL
VSTD	THOMAS, REDDING	1113 PENISTON STREET, UNIT B	NEW ORLEANS LA
D	JACOBY, HARVEY	933 LEE ROAD, STE 120	ORLANDO FL
			500003120905--4 -02/02/00--01062--025 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

BARBER, WILLIAM
933 LEE ROAD
ORLANDO FL 32810

9. Name and Address of New Registered Agent

Name 500003120905--4
Street Address (P.O. Box Number is acceptable) 02/02/00--01062--025
Suite, Apt. #, Etc. LS *****900.00 *****900.00
City FL Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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 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 #