

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H10357

1. Corporation Name
Michael Crist Homes, Inc.

Principal Place of Business Mailing Address
555 Twisting Pine Court
Longwood, Florida 32779

REINSTATEMENT

FILED

98 NOV -9 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97-98

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 <u>6/29/1984</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-2433492</u>	
City & State		City & State		Applied For ☐ Not Applicable ☐	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐ \$2.75 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.T.	Michael Crist	555 Twisting Pine Court	Longwood, Florida 32779
VP.S.	Lisa Crist	555 Twisting Pine Court	Longwood, Florida 32779

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-11/10/98--01076--022
***900.00 ***900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Michael Crist 555 Twisting Pine Court Longwood, Florida 32779		Name Street Address (P.O. #) Suite, Apt. #, Etc. City 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 607.0605, F.S.
Signature of Registered Agent [Signature] Date 10.7.98
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 118.07(3)(f), 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: MICHAEL CRIST [Signature] Date 10.7.98 Daytime Phone # (904) 862-4092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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