

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J26022

1. Corporation Name  
CRELDINE GENERAL, INC

FILED

99 NOV 29 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
OLD OLD  
110 ARTHUR COLEBROOK 110 ARTHUR COLEBROOK  
18332 NW 68 AVE 18332 NW 68 AVE  
UNIT 19H UNIT 19H  
HALEAH, FL 33015 CORAL GABLES, FL 33114-1874

REINSTATEMENT 9799

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable  
2225 E 131 AVE 2225 E 131 AVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
804 804  
City & State City & State  
TAMPA FL TAMPA FL  
Zip Country Zip Country  
33612 USA 33612 USA

4. Date Incorporated or Qualified To Do Business in Florida 7/25/86 SP  
5. FEI Number 59-2806494 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	ARTHUR COLEBROOK	2225 E 131 AVE #804	TAMPA FL 33612
VD	ANDEE COLEBROOK	2225 E 131 AVE #804	TAMPA FL 33612
SD	HORRELYS VALDES	2225 E 131 AVE #804	TAMPA FL 33612
			000003064730--9 12/08/99 01072-012 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

GALITZER, JOSHUA S.  
17101 NE 6 AVENUE  
NORTH MIAMI BEACH FL  
33162

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 607.0505, F.S.

Signature of Registered Agent *Joshua Galitzer*  
REGISTERED AGENT MUST SIGN

Date 11/23/99

11. This corporation owes 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

11/23/99

Date

(242) 327-0268

Daytime Phone #

CR2E001 (12/98)