

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J53239**

1. Corporation Name

EIGER CREST, INC.

REINSTATEMENT 03-04

2. Principal Office Address
2903 CHELSEA WOODS DR.

3. Mailing Office Address
2903 CHELSEA WOODS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VALRICO FL

City & State
VALRICO FL

Zip
33594

Country
USA

Zip
33594

Country
USA

100031995351
04/06/04--01055--001 **\$00.00

4. Date Incorporated or Qualified
To Do Business in Florida 01/20/1987

5. FEI Number
592763529

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
NEAL WEINSTEIN

Street Address (P.O. Box Number is Not Acceptable)
412 EAST MADISON STREET

Suite, Apt. #, Etc.
SUITE 1111

City
TAMPA

State
FL

Zip Code
33602

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Neal Weinstein

Date 3/29/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PD | ROSEMARIE ADAM | 2903 CHELSEA WOODS DR. | VALRICO FL 33594 |
| D | HENRI DEMARTELL | 2933 CHELSEA WOODS DR. | VALRICO FL 33594 |
| D | DONALD A. ADAM | 18542 BEACHMONT AVENUE | SANTA ANA CA |
| D | BEVERLY ADAM | 18542 BEACHMONT AVENUE | SANTA ANA CA |
| | | | |
| | | | |

10. 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:

Rosemarie Adam ROSEMARIE ADAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-2004 813 689 8001

CR2E081 (01/04)