


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUL -9 PM 12:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>LO4932</u>					
1. Corporation Name CREST DEVELOPMENT CORP.					
Principal Place of Business c/o MARVIN GETLAN 7233 AYSHIRE LANE BOCA RATON, FL. 33496			Mailing Address (Same as above)		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable c/o MARVIN GETLAN Suite, Apt. #, etc. 7233 AYSHIRE LANE City & State BOCA RATON FL Zip 33496		3. New Mailing Office Address, If Applicable c/o MARVIN GETLAN Suite, Apt. #, etc. 7233 AYSHIRE LANE City & State BOCA RATON FL Zip 33496		4. Date Incorporated or Qualified To Do Business in Florida 1989	
				5. FEI Number 22-2239665	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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		
P	MARVIN GETLAN	7233 AYSHIRE LANE	BOCA RATON FL 33496		
V	STEVEN GETLAN	1 AMEX CT	PLAINVIEW NY 11803		
			300002936899--1 -07/20/99--01091--013 ***1817.50 ***1817.50		
8. Name and Address of Current Registered Agent MARVIN GETLAN 7233 AYSHIRE LANE BOCA RATON FL 33496			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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 <u><i>Marvin Getlan</i></u> REGISTERED AGENT MUST SIGN Date 7/7/99					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u><i>Steven Getlan</i></u> Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Steven Getlan V 7/6/99 516 3496000 Date Daytime Phone #					

CR2E081 (12/98)