

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L60754

1. Corporation Name

CROASMUN-CULVER, INC.

~~DEVELOPMENT~~

Mailing Address

P. O. BOX 9988

DAYTONA BEACH FL 32120

Principal Place of Business

P. O. BOX 9988

DAYTONA BEACH FL 32120

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

911 Beville Rd - Scribe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida

03/22/1990

5. FEI Number

59-3019729

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)

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
PTSD	CROASMUN, ROBERT M.	911 Beville Rd. - Scribe	DAYTONA BCH FL

10/30/97

REINSTATEMENT 94-91

8. Name and Address of Current Registered Agent

PEEK, DAVID H.
PEEK & COBB
1809 GULF LIFE TOWER
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name Robert M. CROASMUN
Street Address (P.O. Box Number is Not Acceptable) 911 BEVILLE RD. - Scribe
Suite, Apt. #, Etc. P.O. Box 9988
City DAYTONA State FL Zip Code 32120

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-15-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-15-96

904 985-2278

Date

Daytime Phone #

CR2E040 (6/94)