

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL -2 PM 2:51

DOCUMENT # L 66523

1. Corporation Name

CRAWFORD STUCCO INC

2. Principal Office Address

17915 Eagle Lane

Suite, Apt. #, etc.

City & State

Lutz FL

Zip

33549

Country

USA

3. Mailing Office Address

17915 Eagle Lane

Suite, Apt. #, etc.

City & State

Lutz FL

Zip

33549

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4-17-90

5. FEI Number

59-3005654

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

ROSEANNA K. CRAWFORD

Street Address (P.O. Box Number is Not Acceptable)

17915 EAGLE LANE

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

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

Roseanna K Crawford

REGISTERED AGENT MUST SIGN

Date

6-26-01

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
PRES	DAVID A. CRAWFORD	17915 Eagle LN Lutz	Lutz FL 33549
VP/TR	ROSEANNA K. CRAWFORD	17915 Eagle Lane	Lutz FL 33549

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:

Roseanna K Crawford ROSEANNA K CRAWFORD

Date

6-26-01

Daytime Phone #

813-920-6508

CR2E081 (9/00)