

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 14 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M62142

1. Corporation Name

CRC HOLDINGS, INC.

Principal Place of Business

3250 MARY ST
SUITE 500
MIAMI FL 33133
US

Mailing Address

3250 MARY ST
SUITE 500
MIAMI FL 33133
US

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

2. New Principal Office Address, If Applicable

825 Berkshire Blvd
Suite, Apt. #, etc.
SUITE 200

3. New Mailing Office Address, If Applicable

825 Berkshire Blvd
Suite, Apt. #, etc.
SUITE 200

City & State

Wyomissing PA

City & State

Wyomissing PA

Zip

19610

Country

USA

Zip

19610

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1987

5. FEI Number

65-0011722

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	CARLINO, PETER	3250 MARY ST SUITE 200 825 Berkshire Blvd	MIAMI FL 33133 Wyomissing PA 19610
D	CARLINO, PETER	3250 MARY ST SUITE 200 825 Berkshire Blvd	MIAMI FL 33133 Wyomissing PA 19610
STD	IPPOLITO, ROBERT	3250 MARY ST SUITE 200 825 Berkshire Blvd	MIAMI FL 33133 Wyomissing PA 19610
VD	LASHINGER, JOSEPH A JR.	3250 MARY ST	MIAMI FL 33133
			300008974489 11/13/02--01017--009 **750.00

8. Name and Address of Current Registered Agent

FLETCHER, JOHN S ESQ.
MORGAN, LEWIS & BOCKIUS LLP
200 S.BISCAYNE BLV,5300 FIRST UNION FIN.CT
MIAMI FL 33131

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11.5.02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 610-378-8394