

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 13 PM 3:39

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003103

1. Corporation Name

CRYSTAL LODGE #414 P.H.A. INC

2. Principal Office Address - No. P.O. Box #

702 N 7th Street

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 958

Suite, Apt. #, etc.

City & State

Haines City, FL

Zip

33844

Country

US

City & State

Haines City, FL

Zip

33844

Country

US

7. Name and Address of Current Registered Agent

Name

Johnnie L. Adams

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

702 N 7th Street

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

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

Johnnie L. Adams
REGISTERED AGENT MUST SIGN

Date 12-5-07

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
P	Johnnie L. Adams	333 514th Street	Haines City, FL 33844
V	Terrence B. Comer	1613 High Point Ct SW	Winter Haven, FL 33880
T	Reginald Dnbare	213 Betty Ave	Dundee, FL 33838
S	Sylvester Jackson	2111 Baker Ave	Haines City, FL 33844
	M/12/18		

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 contained in Chapter 119, 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:

Johnnie L. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-07 (865)557-3649

Date

Daytime Phone #

2001 12983932
12/10/07--01018--002 **306.25

REINSTATEMENT 03-07

4. Date Incorporated or Qualified
To Do Business in Florida

Apr 22 2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

\$306.25