

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 7:19

DOCUMENT # N13862

1. Corporation Name

FLORIDA CHAPTER OF CERTIFIED RESIDENTIAL SPECIAL  
IST OF RESIDENTIAL SALES COUNCIL OF RNMI, INCORP

Principal Place of Business

FLORIDA CRS CHAPTER  
P.O. BOX 720370  
ORLANDO FL 32872-0370  
US

Mailing Address

FLORIDA CRS CHAPTER  
P.O. BOX 720370  
ORLANDO FL 32872-0370  
US



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

FLORIDA CRS CHAPTER

Suite, Apt. #, etc.  
1528 S. TUTTLE AVE.

City & State  
SARASOTA FL

Zip  
34239 SARASOTA

3. New Mailing Office Address, If Applicable

FLORIDA CRS CHAPTER

Suite, Apt. #, etc.  
1528 S. TUTTLE AVE

City & State  
SARASOTA FL

Zip  
34239 SARASOTA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/17/1986

5. FEI Number

59-2360743

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) | Name of Officers<br>and/or Directors   | Street Address of Each<br>Officer and/or Director | City, State, Zip                              |
|----------|--|---|---|
| 1        | 2                                      | 3   | 4   |
| PD       | HICKENBOTHAM, RICHARD<br>ROSE, SHARYN  | 438 WALTON DR<br>248 PLAZA DI LUNA                | FT WALTON BEACH FL 32548<br>VENICE FL 34285   |
| VD       | HICKENBOTHAM, DICK<br>DEBORAH VALLEDOR | 139 WALTON DRIVE<br>1450 CORAL WAY                | FORT WALTON BEACH FL 32548<br>MIAMI, FL 33145 |
| VD       | GRAFE, WILLIAM H JR                    | 101 BRIDGE ROAD                                   | TEQUESTA FL 33469                             |
| TD       | HARMAN, VICTORIA<br>KATHY RAZZANO      | 382 WEST SR 434<br>4204 W. LINEDAUGH AVE          | LONGWOOD FL 32750<br>TAMPA FL 33624           |
| SD       | ROSE, SHARYN<br>MARY T. MCCALL         | 248 PLAZA DI LUNA<br>14823 N. DALE MADRY          | VENICE FL 34285<br>TAMPA FL 33618             |

8. Name and Address of Current Registered Agent

HICKENBOTHAM, RICHARD ROSE, SHARYN  
438 WALTON DRIVE 248 PLAZA DI LUNA  
FT WALTON BEACH FL 32548 VENICE FL 34285

9. Name and Address of New Registered Agent

Name ROSE, SHARYN  
Street Address (P.O. Box Number is Not Acceptable)  
248 PLAZA DI LUNA  
Suite, Apt. #, Etc. PLAZA  
City VENICE State FL Zip Code 34285

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-18-01

AD

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #