

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC 22 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000002215**

1. Corporation Name

CRUSADE FOR RE-UNITING FAMILIES INC.

W91000022021

Principal Place of Business

**660 C CYPRSS CLUB WAY
POMPANO BCH, FL 33064**

Mailing Address

**PO BOX 82
POMPANO BCH, FL
33061-0082**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5000002383855-5

-12/26/97-01103-019

*****297.50 ***297.50**

NOV 13 1995

5. FEI Number

65-0588764

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
PRESIDENT	ROGER GRIMES "D"	660 C CYPRSS CLUB WAY	POMPANO BCH, FL 33064
DIRECTOR	JAMES THOMAS JR "D"	2631 N.W. 16TH CT	FT LAUDERDALE, FL 33311
DIRECTOR	WILLIAM BATES "D"	5934 GRANDVIEW DR	INDIANAPOLIS, IN 46208
SEC	AURILIA GRAY-GRIMES	660 C CYPRSS CLUB WAY	POMPANO BCH, FL 33064

REINSTATEMENT

8. Name and Address of Current Registered Agent

**ROGER GRIMES
660 C CYPRSS CLUB WAY
POMPANO BCH, FL 33064**

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

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 **10-1-97**

11. 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.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-97
Date

954 6989519
Daytime Phone #

CR2040 (12/96)