

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 21 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *Crum & Son Masonry inc.*

1. Corporation Name
P00000022408

500005183315--5

-04/02/02--01053--011

****300.00 ****300.00

2. Principal Office Address

PO Box 812

3. Mailing Office Address

PO Box 812

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

NA

City & State

Starke FL

City & State

Starke FL

Zip

32091

Country

Bradford

Zip

32091

Country

Bradford

SHUT DOWN MESSAGE OF PCFSRI FROM USER 542
TEM at To Do Business: 13:22:16

59-2989019 0 min

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

Sim Oliver Crum

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

1119 Crum Street

Suite, Apt. #, Etc.

City

Starke

State
FL

Zip Code

32091

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *03/18/02*

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
<i>Pres.</i>	<i>Oliver Sim Crum</i>	<i>1119 Crum Street</i>	<i>Starke, FL 32091</i>
<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/18/02

Daytime Phone #

CR2E081 (9/01)

CRUM AND SON MASONRY
PO BOX 812
STARKE, FL 32091

Request taken by: epeterson
03-14-2002

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Attn: Ms. Eula Peterson, I were and no longer at
the Address that my mail were going @ 999 Old
Salvety Rd. and were not receiving my mail.
I would like to wave the \$600.00 Penalty
and pay \$300.00 to be reinstated. and \$8.75
for a Certificate of Status.
Thank you
P. Peterson

My New Address is
P.O BOX 812
Starke, FL 32091