

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 19 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000037897

1. Corporation Name

CRUTCHFIELD ENTERPRISES, INC.

2. Principal Office Address

724 N. EGLIN PKWY
FT WALTON FL 32548

Suite, Apt. #, etc.

City & State

FT WALTON FL 32548

Zip

32548

Country

USA

3. Mailing Office Address

132 ELM AVE

Suite, Apt. #, etc.

B

City & State

FT WALTON FL

Zip

32548

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/10/2000

5. FEI Num

59-3687958 110312/EIN

Applied For

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

JAYSON R CRUTCHFIELD

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

132 ELM AVE

Suite, Apt. #, Etc.

B

City

FT WALTON

State

FL

Zip Code

32548

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

Jayson R Crutchfield

REGISTERED AGENT MUST SIGN

Date 5/17/4

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
D	JAYSON R CRUTCHFIELD	132 B ELM AVE	FT WALTON FL 32548

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/4
Date

850 803 4004
Daytime Phone #

CR2E081 (10/02)

**** ATTN KATRINA ****

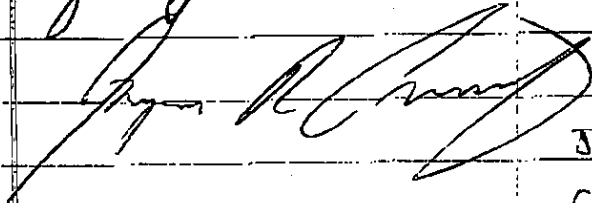
5/19/14

Dear Madam,

I'm writing this in response to ~~our~~ telephone conversation of 5-19-14.

I respectfully request that any corporation document fees be waived. I was not aware until yesterday that I had failed to provide my FEI number, however, my check did clear the State. Due to lack of correspondence I was not aware that you were not in receipt of the required information.

Thanks for your assistance



JAYSON CRUTCHFIELD

CRUTCHFIELD ENTERPRISES

