

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000050640

1. Corporation Name

CROYDON, INC.

Principal Place of Business

845 GEORGE ST.
BARTOW FL 33830

Mailing Address

845 GEORGE ST.
BARTOW FL 33830

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

2. New Principal Office Address, If Applicable

2717 COVENTRY AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2717 COVENTRY AVE

Suite, Apt. #, etc.

City & State

LAKELAND FL

Zip

33803

Country

USA

City & State

LAKELAND FL

Zip

33803

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/2000

5. FEI Number

593650767

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PV	BROOMFIELD, ANDREW	845 GEORGE ST.	BARTOW FL 33830
ST	BROOMFIELD, DARA J	845 GEORGE ST.	BARTOW FL 33830
		2717 COVENTRY AVE	LAKELAND FL 33803
		2717 COVENTRY AVE	LAKELAND FL 33803

8. Name and Address of Current Registered Agent

BROOMFIELD, DARA J
845 GEORGE ST.
BARTOW FL 33830

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

DARA J. BROOMFIELD

REGISTERED AGENT MUST SIGN

Date

10-23-01

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:

DARA J. BROOMFIELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-01 8636830795

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 2:04

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****350.00 ****750.00



REINSTATEMENT 01

CR2000 (8/01)