

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000093396

1. Corporation Name

J. CROMPTON, INC.

Principal Place of Business

312 EAST LAKE ROAD
PALM SPRINGS FL 33461

Mailing Address

312 EAST LAKE ROAD
PALM SPRINGS FL 33461



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2000

5. FEI Number

65-1043576

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
PT	CROMPTON, JONATHAN M	312 E LAKE RD	LAKE WORTH FL 33461
VS	CROMPTON, ELIZABETH	312 E LAKE RD	LAKE WORTH FL 33461

600008666776

10/29/02--01070--019 **758.75

Handwritten signature/initials

8. Name and Address of Current Registered Agent

~~RATFIELD, LOUIS W~~
~~7318 LAKE WORTH ROAD~~
~~LAKE WORTH FL 33467~~

9. Name and Address of New Registered Agent

Name

Adam Jacobs

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

6428 Lake Worth Rd, #610

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

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. or 617.0505, F.S.

Signature of
Registered Agent

Handwritten signature
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/24/02

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:

Handwritten signature
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

561-514-104

Date

Daytime Phone #

CR2040 (8/02)