

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 MAY 30 PM 1:51

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000097793

1. Corporation Name

CRYSTAL BUILDING SERVICE, INC.

2. Principal Office Address - No P.O. Box #

3618 WEST SUPREME CT

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip

32703

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/2000

5. FEI Number

59-3686631

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

HYUN S. KIM

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

3618 WEST SUPREME CT

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32703

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. ✓

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

Date

REGISTERED AGENT MUST SIGN

**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
P	HYUN S. KIM	3618 WEST SUPREME CT.	APOPKA, FL 32703
VP	WILLIAM MALDONADO	10027 OAKSIDE CT.	ORLANDO, FL 32836

REINSTATEMENT

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 contained in Chapter 119, 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

Date

Daytime Phone #

4/23/08 01046 - D19  
CR2E081 (12/07) \$1,050.00

5/13/08 407  
509-0949