

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003080

1. Corporation Name

CRESCENT TECHNOLOGY SYSTEMS INC

2. Principal Office Address

275 LAKE MARY BLVD W

Suite, Apt. #, etc.

City & State

SANFORD FL

Zip

FL 32773

Country

32773

3. Mailing Office Address

275 LAKE MARY BLVD W

Suite, Apt. #, etc.

City & State

SANFORD FL

Zip

32773

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/2001

5. FEI Number

59-3699120

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

SAFFER, HALIMA

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

275 W LAKE MARY BLVD

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32773

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

12/20/02

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
D	SAFFER, HALIMA	275 LAKE MARY BLVD W	SANFORD FL 32773
D	SAFFER, GULAMABAS	275 LAKE MARY BLVD W	SANFORD FL 32773

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)(l), 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

12/20/02

Date

Daytime Phone #

407 322-0228

CR2E081 (9/01)



275 West Lake Mary Blvd, Sanford Florida- 32773 TEL: (407) 324-8088 FAX: (407) 324-4979 sales@centurian.com

Date: 12/20/02

RE: Crescent Technology System INC.

To Whom It May Concern:

This is to inform you that we have not received the form for the Corporation Instatement for 2002 due to an incorrect address on your file. We have rectified the address on December 20, 2002 with your representative. Please accept this letter as a request of a waiver on the late fees for 2002 on Crescent Technology System INC.

Sincerely

A handwritten signature in black ink, appearing to read "H. Jaffer", is written over a horizontal line.

Halima Jaffer