

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT



FILED

02 DEC -6 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012562

1. Corporation Name

CRYSTAL SKY, INC.

Principal Place of Business

114 N.E. FIFTH STREET
CRYSTAL RIVE FL 34429

Mailing Address

114 N.E. FIFTH STREET
CRYSTAL RIVE FL 34429

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Vice Pres	ROBERT H DeCUIR	1040 N STONEY POINT	CRYSTAL RIVER, FL 34429
Pres	CAREN I. DeCUIR	1040 N STONEY POINT	CRYSTAL RIVER, FL 34429

600009400766
12/06/02--01058--007 **150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABBOTT, GLEN C
706 N. SUNCOAST BLVD
CRYSTAL RIVER FL

Name

CAREN I DeCUIR

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

114 N.E. FIFTH STREET

Suite, Apt. #, Etc.

CRYSTAL RIVER, FL

City

CRYSTAL RIVER

State

FL

Zip Code

34429

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

Signature of Caren I. DeCuir
REGISTERED AGENT MUST SIGN

Date

12-05-02

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:

Signature of Caren I. DeCuir 12-05-02 12:00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

C.A.T. of CITRUS COUNTY INC.
D/B/A JAYCEE ENTERPRISES
4 NE Third St
Crystal River Fl 34429

TEL; 352-795-6652 ... FAX; 352-795-3589

December 4, 2002

Division of Corporationsate
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl 32314

Re; CRYSTAL SKY, INC
DOC # P01000012562

TO WHOM IT MAY CONCERN,

With reference to the above captioned, we respectfully request the reinstatement fee to be waived because I did not receive the prior business report notices.

Thanking you in advance for your attention to the above matter,

Very truly yours,



CAREN DeCUIR-
CRYSTAL SKY, INC