

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000040898**

1. Corporation Name

**MICHAEL CRIST HOMES, INC.**

Principal Place of Business

Mailing Address

~~300 GULF BROOK CR~~  
~~#100~~  
~~LONGWOOD FL 32779~~

PO BOX 915715  
LONGWOOD FL 32791-5715



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

2. New Principal Office Address, If Applicable

~~3609 FALLING ACORN CR.~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/23/2001

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State  
**LAKE MARY, FLORIDA**

City & State

Zip  
**32746** Country  
**SEMINOLE**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTS	CRIST, MICHAEL	300 GULF BROOK CR #100	LONGWOOD FL 32779

2000024095552  
11/20/03--01082--017 \*\*150.00

8. Name and Address of Current Registered Agent

~~PRATT, JAMES R~~  
~~369 NORTH NEW YORK AVENUE THIRD FLOOR~~  
~~WINTER PARK FL 32789~~

9. Name and Address of New Registered Agent

Name **MICHAEL CRIST**  
Street Address (P.O. Box Number is Not Acceptable)  
**3609 FALLING ACORN CR**  
Suite, Apt. #, Etc.  
City **LAKE MARY** State **FL** Zip Code **32746**

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

REGISTERED AGENT MUST SIGN

Date **11.12.03**

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 filling 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:

**MICHAEL CRIST**  
  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11.12.03 407.448.8696**

CR2E040 (7/03)

Michael Crist Homes, Inc.

PO Box 915715

Longwood, FL 32791

Florida Department of State

Division of Corporations

Annual Report/Reinstatement Section

PO Box 6327

Tallahassee, FL 32314-6327

November 12, 2003

To Whom It May Concern:

Our office did not receive our annual report. Per your automated phone instructions, enclosed is our check for \$150.00 and the application for reinstatement.

At this time I would like to request information for internet filing. Please mail information to our mailing address.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Michael Crist, President".

Michael Crist, President