

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085303

1. Corporation Name

Crystal Home Medical Equipment, Inc.

2. Principal Office Address

2041 N. Donovan Ave.

Suite, Apt. #, etc.

City & State

Crystal River, Fl.

Zip

34428

Country

US

3. Mailing Office Address

PO Box 1016

Suite, Apt. #, etc.

City & State

Crystal River, Fl.

Zip

34423

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

August 29, 2001

5. FEI Number

59-3741167

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Michael Dean

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

230 NE 25 Ave.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34478

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

REGISTERED AGENT MUST SIGN

Date 11/19/03

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/DVP	Charles B. Allen	950 N. Lyle Ave.	Crystal River, Fl. 34428
S/T	Robin Allen	950 N. Lyle Ave.	Crystal River, Fl. 34428
D	Anna M. Palmer	4601 W. Casper Lane	Beverly Hills, Fl. 34465

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/03

Date

352 564 8700

Daytime Phone #

CR2E081 (10/02)

Crystal Home Medical Equipment, Inc.

2041 N. Donovan Ave.
Crystal River, Fl. 34428
Phone (352) 564-8700
Fax (352) 564-8500

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November 18, 2003

Dept. of State

Division of Corporations

PO Box 6327

Tallahassee, Fl. 32314

Secretary of State,

I have enclosed the reinstatement form and check in the amount of \$150.00 as per the phone instructions from your office.

Crystal Home Medical Equipment, Inc. never received the renewal form mailed by the State due to an incorrect address being on file. The form was mailed to 2047 N. Donovan Ave and the actual address is 2041 N. Donovan Ave. We had requested the correction last year but it apparently failed to happen. Please note it for future correspondence.

Thank you for your understanding in this matter and waiving the late fees. It is very kind of your office.

Sincerely



Charles B. Allen