

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY -1 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096575

1. Corporation Name

**Crown Tree Tech Inc**

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

27451 Spring Valley Road

3. Mailing Office Address

P.O. Box 1658

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eustis, FL

City & State

Sorrento, FL

Zip

32736-8461

Country

US

Zip

32776

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/2002

5. FEI Number

320029950

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

Harold Gustavsson

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

3837 Township Sq Blvd

Suite, Apt. #, Etc.

Apt # 312

City

Orlando

State

FL

Zip Code

32837

☒ 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 April 23, 2007

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	Penny Lee Barber	27451 Spring Valley Road	Eustis, FL 32736-8461
VP	Linda Hackney	27451 Spring Valley Road	Eustis, FL 32736-8461
VP	Roxann Caldeyro	27451 Spring Valley Road	Eustis, FL 32736-8461
S,T	Harold Gustavsson	3837 Township SQ Blvd, #312	Orlando, FL 32837

600103230086  
05/24/07--01061--012 \*\*458.75

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:

Harold Gustavsson, Treas

April 23, 2007

407-850-3999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #