

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 21 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000121337**

1. Corporation Name

CREGO DEVELOPMENT CORP.

Principal Place of Business

11226 OAKSHORE LANE
CLERMONT FL 34711

Mailing Address

11226 OAKSHORE LANE
CLERMONT FL 34711

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2002

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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
D	CREGO, ROBERT <i>PRESIDENT</i>	11226 OAKSHORE LANE	CLERMONT FL 34711
X	WILLIAMS, TODD D	11226 OAKSHORE LANE	CLERMONT FL 34711
	TONYA CREGO <i>Vice Pres</i>	11226 OAKSHORE LANE	CLERMONT FL

400023760324
10/13/03--01091--008 **750.00

8. Name and Address of Current Registered Agent

JORDAN, EDWARD P II
1460 EAST HIGHWAY 50
CLERMONT FL 34711

9. Name and Address of New Registered Agent

Name **ROBERT CREGO**
Street Address (P.O. Box Number is Not Acceptable)
11226 OAKSHORE LANE
Suite, Apt. #, Etc. **CLERMONT FL**
City **CLERMONT FL** State **FL** Zip Code **34711**

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

Robert Crego
REGISTERED AGENT MUST SIGN

Date **10-6-03**

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 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:

Robert Crego
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-6-03

Daytime Phone #

352-243-8884