

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 OCT 21 PM 1:29

DOCUMENT # **P02000134469**

1. Corporation Name

**CREST ENTERPRISES AND GENERAL CONTRACTORS, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 03



500023986135  
 10/21/03--01140--018 \*\*150.00

Principal Place of Business

106 S 38TH ST  
 MEXICO BCH FL 32410

Mailing Address

106 S 38TH ST  
 MEXICO BCH FL 32410

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

**P. O. Box 13633**

**Mexico Beach, Florida**

**32410**

**Bay**

4. Date Incorporated or Qualified To Do Business in Florida

**12/23/2002**

5. FEI Number

**65-0097646**

Applied For

Not Applicable

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
D	MEDINA, MOSES	106 S 38TH ST	MEXICO BCH FL 32410

8. Name and Address of Current Registered Agent

**MEDINA, MOSES**  
**106 S 38TH ST**  
**MEXICO BCH FL 32410**

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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

*Moses Medina*  
**Moses Medina**  
 REGISTERED AGENT MUST SIGN

Date

**10/15/03**

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:

*Moses Medina*  
**Moses Medina**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/15/03**

Daytime Phone #

CR2ED40 (7/03)

LAW OFFICES  
**J. PATRICK FLOYD**

CHARTERED

REPLY TO:  
408 LONG AVENUE  
POST OFFICE DRAWER 950  
PORT ST. JOE, FLORIDA 32457-0950  
(850) 227-7413

20 AVENUE D, SUITE 208  
POST OFFICE BUILDING  
APALACHICOLA, FLORIDA 32320  
(850) 653-2709

October 15, 2003

Uniform Business Reports  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Request for Waiver of Late Fee  
Crest Enterprises and General Contractors, Inc.


Dear Ladies and Gentlemen:

I have been requested by Moses Medina to make a request on his behalf for a waiver of the late fee and for acceptance of the normal \$150.00 filing fee which is enclosed for the above corporation. He did not receive the initial notice apparently because he does not receive his mail at 106 S 38<sup>th</sup> Street, Mexico Beach, FL 32410, his correct mailing address has been corrected on the Application for Reinstatement. Thank you for your consideration. This is the first time Mr. Medina has asked for a waiver.

Sincerely,

*Law Offices J. Patrick Floyd, Chartered*

  
J. Patrick Floyd

  
MOSES MEDINA

JPF/pb

Enclosure: as stated.