

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAR 24 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO4000076940

1. Corporation Name

C+R ENTERPRISES of Bay County, INC.

WD9-1D336

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

8729 Kiwi Lane

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1314

Suite, Apt. #, etc.

City & State

Youngstown, Florida

City & State

Youngstown, Florida

Zip

32466

Country

USA

Zip

32466

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4.28.2004

5. FEI Number

05-0602584

☐ 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

RICHARD C. LARSON

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

8729 KIWI LANE

Suite, Apt. #, Etc.

City

Youngstown

State

FL

Zip Code

32466

☒ 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

Richard C. Larson  
REGISTERED AGENT MUST SIGN

Date

2-25-09

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	RICHARD C. LARSON	8729 KIWI LANE	Youngstown, FL 32466
VP	Valerie R. Larson	8729 KIWI LANE	Youngstown, FL 32466

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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:

Richard C. Larson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD C. LARSON

Date

2-26-09

Daytime Phone #

850-596-1970

3/2/10