

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 11 AM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P04000122477*

1. Corporation Name

CARRIE Crescentini PA

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

5609 Oakridge Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Palm Harbor

City & State

Zip

Country

34685 U.S.

Zip

Country

400155775924

05/11/09--01047--014 **300.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/04

5. FEI Number

20-1558991

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

CARRIE Crescentini

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

5609 Oakridge Dr.

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

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

Carrie Crescentini

REGISTERED AGENT MUST SIGN

Date *4-30-09*

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
<i>P</i>	<i>CARRIE Crescentini</i>	<i>5609 Oakridge Dr.</i>	<i>Palm Harbor FL 34685</i>

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:

Carrie Crescentini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-09

Date

2:00 pm

Daytime Phone #

5/14/09