

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000068201

1. Entity Name  
CRP OF CENTRAL FLORIDA, INC



FILED

07 SEP 25 PM 1:03

Principal Place of Business  
5003 SE 29TH STREET #C  
OCALA, FL 34471

Mailing Address  
5003 SE 29TH STREET #C  
OCALA, FL 34471

2. Principal Place of Business - No P.O. Box #  
5 BANYAN PASS LOOP  
Suite, Apt. #, etc.

3. Mailing Address  
5 BANYAN PASS LOOP  
Suite, Apt. #, etc.



09112007

REIN-P

CR2E085(107)

City & State  
OCALA FL

City & State  
OCALA FL

4. FEI Number

Applied For  
Not Applicable

Zip  
34471

Country  
USA

Zip  
34471

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANDALL, CHARLES W  
5003 SE 29TH STREET #C  
OCALA, FL 34471

Name  
Randall, Charles W  
Street Address (P.O. Box Number is Not Acceptable)  
5 BANYAN PASS LOOP  
City  
OCALA FL Zip Code  
34471

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Charles Randall

9/20/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
RANDALL, CHARLES W  
5003 SE 29TH STREET #C  
OCALA, FL 34471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
5 BANYAN PASS LOOP  
OCALA FL 34471 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Randall

9/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #