

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P94000034839

1. Corporation Name

THE CRESCENT INC.

2. Principal Office Address

510 WEST 66 STREET

Suite, Apt. #, etc.

City & State

HIALEAH

Zip
FL

Country
USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip
33012

Country

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida 05/09/1994

5. FEI Number

65-0488897

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

DENIS HERNANDEZ

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

510 WEST 66 STREET

Suite, Apt. #, Etc.

City

HIALEAH

State
FL

Zip Code
33012

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

REGISTERED AGENT MUST SIGN

Date 04/19/2004

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	DENIS HERNANDEZ	510 WEST 66 STREET	HIALEAH, FL 33012
SEC	RAUL O. MORALES	510 WEST 66 STREET	HIALEAH, FL 33012

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/2004

Date

305-218-8680

Daytime Phone #