

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REAR** FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 20 PM 1:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000009066**

1. Corporation Name

CRISPIN PRESSURE CLEANING, INC.

Principal Place of Business

Mailing Address

5736 NW 48TH DRIVE
 CORAL SPRINGS FL 33067

5736 NW 48TH DRIVE
 CORAL SPRINGS FL 33067

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/30/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0649087	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CRISPIN, ROBERT W	5736 NW 48TH DRIVE	CORAL SPRINGS FL 33067

200002699562--9
 -12/01/98--01083--014
 *****158.00 *****158.00

RB. 11/24/98 AR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRISPIN, ROBERT W
 5736 NW 48TH DRIVE
 CORAL SPRINGS FL 33067

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

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.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 11-13-98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(f), 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]* **SIGNATURE REQUIRED** Date 11-13-98 (954) 755-4983
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)



**RW CRISPIN
PRESSURE CLEANING**
5736 NW 48TH DRIVE
CORAL SPRINGS, FL 33067

PHONE (305) 755-4983

Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

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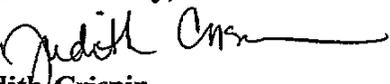
Dear Sirs/Madam,

Yesterday, I received this notice of revocation, which I promptly answered by calling your office in Tallahassee. There seems to be some misunderstanding, as I have never received notice that any money was owed. We are having great difficulty with our mail carrier delivering our mail to the proper address and we sporadically receive our mail. I am trying to rectify this problem, but in the mean time do not wish to lose my corporate charter.

The lady I spoke with at your office was very nice and said to send the \$150.00 payment with this explanation in hopes you would reinstate our charter.

Thanks for any help you may offer. In future we will simply send payment in February or March to avoid this dilemma again.

Yours Sincerely,


Judith Crispin

November 12, 1998