

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P96000009066

1. Corporation Name

CRISPIN PRESSURE CLEANING, INC.

Principal Place of Business

5736 NW 48TH DRIVE
CORAL SPRINGS FL 33067

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1996

5. FEI Number

65-0649087

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
****150.00 ****150.00

BS. 11/24/98 AR

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11-13-98

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-98

11-13-98

Date

(954)

755-4983

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

2

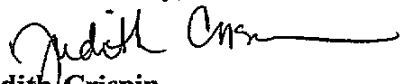
Dear Sirs/Madam,

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