

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **P97000010888**

1. Corporation Name

CROMWELL CROWN CAPITAL, INC.

Principal Place of Business

4006 VERSAILLES DRIVE
ORLANDO FL 32808

Mailing Address

4006 VERSAILLES DRIVE
ORLANDO FL 32808

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

2. New Principal Office Address, If Applicable

37 N. ORANGE AVE

Suite, Apt. #, etc.

422

City & State **ORLANDO, FL**

Zip **32801**

Country **FL**

3. New Mailing Office Address, If Applicable

37 N. ORANGE AVE

Suite, Apt. #, etc.

422

City & State **ORLANDO, FL**

Zip **32801**

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/31/1997

5. FEI Number

☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	MOURINO, ARNOLD A	4006 VERSAILLES DRIVE	ORLANDO FL 32808
D/T	KAMINSKY, DANIEL A	4006 VERSAILLES DRIVE	ORLANDO FL 32808

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-11/20/98--01070--040
*******758.75 *****758.75**

8. Name and Address of Current Registered Agent

KIMINSKY, DANIEL A
4006 VERSAILLES DRIVE
ORLANDO FL 32808

9. Name and Address of New Registered Agent

Name **DANIEL A. KAMINSKY**
Street Address (P.O. Box Number is Not Acceptable) **37 N. ORANGE AVE #422**
Suite, Apt. #, Etc.
City **ORLANDO** State **FL** Zip Code **32801**

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

DANIEL A. KAMINSKY
REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/14/98**

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)(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:

DANIEL A. KAMINSKY
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-926-4017

CR2E04 (8/98)