

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 # P97000037514

1. Corporation Name

CRYSTAL PALACE CATERING, INC.

FILED

98 NOV 30 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

EGYPT SHRINE TEMPLE  
4050 DANA SHORES DRIVE  
TAMPA FL 33634

Mailing Address

EGYPT SHRINE TEMPLE  
4050 DANA SHORES DRIVE  
TAMPA FL 33634

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

16500 Lake Church Rd  
Suite, Apt. #, etc.  
Odessa, Fla.

3. New Mailing Office Address, If Applicable

Same  
Suite, Apt. #, etc.  
Same

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/1997

5. FEI Number

593443710

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	COHEN, ALAN	4050 DANA SHORES DRIVE	TAMPA FL 33634
<del>D</del>	<del>DERVECH, CINDY A</del>	<del>4050 DANA SHORES DRIVE</del>	<del>TAMPA FL 33634</del>
D	BAJSA, MICHAEL	4050 DANA SHORES DRIVE	TAMPA FL 33634
<del>D</del>	<del>DERVECH, STEVEN A</del>	<del>4050 DANA SHORES DRIVE</del>	<del>TAMPA FL 33634</del>

8. Name and Address of Current Registered Agent

COHEN, ALAN  
EGYPT SHRINE TEMPLE  
4050 DANA SHORES DRIVE  
TAMPA FL 33634

9. Name and Address of New Registered Agent

Name Alan Cohen  
Street Address (P.O. Box Number Is Not Acceptable)  
16500 Lake Church Rd  
Suite, Apt. #, Etc.  
City Odessa  
State FL Zip Code 33586

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

REGISTERED AGENT MUST SIGN

Date

11/24/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/98 913-920-5537