


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000051611 1. Entity Name CRESTWOOD MANOR OF ENGLEWOOD, INC.					
Principal Place of Business 729 CRESTWOOD RD ENGLEWOOD, FL 34223			Mailing Address 729 CRESTWOOD RD ENGLEWOOD, FL 34223		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0763733	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUSSELL, HOLLY 2501 10TH STREET ENGLEWOOD, FL 34224-5403			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Holly Russell</i></u> HOLLY RUSSELL PRESIDENT 10-7-05 <small>Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD RUSSELL, HOLLY 2501 10TH ST. ENGLEWOOD, FL 34224		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Holly Russell</i></u> HOLLY RUSSELL			10-7-05		941-474-5456
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

FILED

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4. FEI Number
65-0763733

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSELL, HOLLY
2501 10TH STREET
ENGLEWOOD, FL 34224-5403**

Name

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

City
FL Zip Code

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SIGNATURE: *Holly Russell* **HOLLY RUSSELL PRESIDENT** **10-7-05**
Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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2501 10TH ST.
ENGLEWOOD, FL 34224

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SIGNATURE: *Holly Russell* **HOLLY RUSSELL** **10-7-05** **941-474-5456**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #