

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR : 6 PM 12: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060577

1. Corporation Name

JAMES CRYSTAL ENTERPRISES INC.

Principal Place of Business

7 OCEAN PLACE
401 SOUTH OCEAN BLVD. NO.7
HIGHLAND BEACH FL 33487

Mailing Address

7 OCEAN PLACE
401 SOUTH OCEAN BLVD. NO.7
HIGHLAND BEACH FL 33487



REINSTATEMENT

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

07/09/1997

Suite, Apt. #, etc.

7 OCEAN PLACE

Suite, Apt. #, etc.

7 OCEAN PLACE

City & State

City & State

5. FEI Number

65-0769960

Applied For

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
D	HILLARD, JAMES C	4401 SOUTH OCEAN BLVD. NO.7	HIGHLAND BEACH FL 33487
DD	HILLARD, JAMES W	4401 SOUTH OCEAN BLVD. NO.7	HIGHLAND BEACH FL 33487
D	ARMSTRONG, CRYSTAL H	14 MEADOW PARK LANE	LANTANA FL 33462

8. Name and Address of Current Registered Agent

BAKER, DAVID H
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

RICHARD C HINDS

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

3557 CYPRESS WOOD CT

Suite, Apt. #, Etc.

City

LAKE WORTH, FL

State

FL

Zip Code

33467

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

2/9/00

KE

11. 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:

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

Date

Feb 9, 00

Daytime Phone #

4325100