

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 622*

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000067758**

1. Corporation Name

CRAWFORD AUTO REPAIR INC.

Principal Place of Business

Mailing Address

609 CYPRESS AVE.
VENICE FL 34293

166 GLENWOOD AVE.
OSPREY FL 34229

FILED

03 OCT 17 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

08/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3524646

Applied For

Not Applicable

City & State

City & State

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
P	CRAWFORD, RICHARD	166 GLENWOOD AVE	OSPREY FL 34229

REINSTATEMENT *03*

TS

8. Name and Address of Current Registered Agent

CRAWFORD, RICHARD
166 GLENWOOD AVE.
OSPREY FL 34229

9. Name and Address of New Registered Agent

Name

Same

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-13-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rich and Crawford *10-13-03*

941-966-9509

CR2E040 (7/03)

10-73-03

Page 252

To whom it may concern,

I recieved my first application which was the second notice, and filed it, wrote a letter for waiver of the 400.00 late fee. ~~Then~~ I paid the \$150.00 renewal fee, and was cashed already. I didn't receive a response from the letter until I recieved a notice of Revocation. I'm ~~pleased~~ filing the reinstatement application and asking to waive the late penalty fees for which I recieved the renewal late.

Thank you
Jim [Signature]

Doc #

P98000067758