

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000068804

1. Corporation Name

CRA DEVELOPMENT COMPANY, INC.

Principal Place of Business

Mailing Address

1933 COMMONWEALTH LANE
TALLAHASSEE FL 32303

1933 COMMONWEALTH LANE
TALLAHASSEE FL 32303

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1998

5. FEI Number

59-3550834

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	4 City / State / Zip
PD	CLARK, W H	1933 COMMONWEALTH LANE	TALLAHASSEE FL 32303
SD	JOHNSON, ROBERT	1933 COMMONWEALTH LANE	TALLAHASSEE FL 32303
TD	MASSEY, KIMBERLEY	1933 COMMONWEALTH LANE	TALLAHASSEE FL 32303
			900003027279--4 -10/27/99--01108--020 ****750.00 ****750.00
			REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ACEVEDO, SHANE L
3151 WOODHILL DRIVE
TALLAHASSEE FL 32303

Name

William H. Clark

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

1933 Commonwealth Lane

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

William H. Clark

REGISTERED AGENT MUST SIGN

Date 10/19/99

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:

William H. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Clark

10/19/99 (850) 574-1574

Date

Daytime Phone #