

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -9 PH 2:21

DOCUMENT # 998000075265

1. Corporation Name

The Crest Family of Businesses, Inc.

Principal Place of Business

Mailing Address

6126 Thomas Drive  
Panama City Beach, FL 32408

6126 Thomas Drive  
Panama City Beach, FL 32408

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

8/26/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3540675

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	William P. Young	6905 Thomas Drive	Panama City Beach, FL 32408

500003429335  
-10/19/00--01017--003  
\*\*\*4736.25 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

Brian D. Hess  
9108 Front Beach Road  
Panama City Beach, FL 32407

9. Name and Address of New Registered Agent

Name

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.

Signature of Registered Agent

*Brian D. Hess*

REGISTERED AGENT MUST SIGN

Date

9/27/00

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)(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

9/27/00

Date

AD

Daytime Phone #

CR2E040 (1/98)