

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
04 JAN -9 PM 2:23
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000075265

1. Corporation Name

THE CREST FAMILY OF BUSINESSES, INC.

Principal Place of Business

Mailing Address

6126 THOMAS DR
PANAMA CITY BEACH FL 32408

6126 THOMAS DR
PANAMA CITY BEACH FL 32408



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03-04

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/26/1998

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

\$6.75 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	YOUNG, WILLIAM P	6905 THOMAS DR	PANAMA CITY BEACH FL 32408

~~300024178523
10/27/03--01111--01 **3126.25~~

~~300024178523
02/25/04--01005--001 **4173.75~~

BR/1/9

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HESS, BRIAN D
9108 FRONT BEACH RD
PANAMA CITY BEACH FL 32407

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. or 617.0505, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 P. Young William P. Young

Date

Business Phone #