

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 26 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000304-21**

1. Corporation Name

Crescent Development Inc.

2. Principal Office Address

301 E. Hickory Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1446
Suite, Apt. #, etc.

City & State

Crestview, FL

City & State

Pascagoula, MS

Zip

32536

Country

Zip

39568

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3570388

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

05/22/00 90009 042 \$150.00

2000-2001 UBR

7. Name and Address of Current Registered Agent

Name

Michael J. Commiskey Jr.

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

401 Windrift Lane 301 E. Hickory Ave

Suite, Apt. #, Etc.

Gantner

City

Crestview

State

FL

Zip Code

32536

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

4/15/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

DP
Michael J. Commiskey Jr. P.O. Box 1446

Pascagoula, MS
39568

3000004288403-8
-05/22/01--01137--004
******150.00 ****150.00**

10. 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

[Signature] *M.J. Commiskey Jr.*

Date

Daytime Phone #

334-367-2431

CRZE081 (9/00)

Crescent Development Inc.

P.O. Box 1446
Pascagoula, MS 39568
Phone. 334-367-2431
Fax 228-497-5131

20F2

April 24, 2001

RE: Crescent Development, Inc.

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

Unbeknownst to me, my corporation was apparently dissolved in September of last year. My registered agent was listed as the CPA that I had used previously. When I quit using this CPA, our communications were not as good as they should have been, and I did not receive mail from them.

In conversations with your department, I was told that the reason for dissolution was that my UBR was not received after being sent back for a missing FEI number. I did not know that there was a problem, as I recalled mailing the original UBR along with my check for \$150.00, and my check cleared the bank.

I respectfully ask that my corporation be reinstated without a penalty fee involved, as I was clearly not trying to avoid timely filing or payment (once again the State received the money).

I send along a check for 2001 in the amount of \$150.00 in hopes that you may give my request favorable consideration.

Sincerely,



M. J. Commiskey, Jr.
President
Enclosure (1)