

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

#308.75

04 MAY 20 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099977

1. Corporation Name

Crossfire Construction, Inc.

2. Principal Office Address

492 Park Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

492 Park Ave.

Suite, Apt. #, etc.

City & State

DeLunak Springs

Zip

32433

Country

USA

City & State

FL

Zip

Country

REINSTATEMENT

03-04

100036960011

05/20/04--01036--013 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/99

5. FEI Number

650962521

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Margaret L. Maver

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

4650 N.E. 121 Ave.

Suite, Apt. #, Etc.

City

Williston

State
FL

Zip Code

32696

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

Margaret L. Maver

REGISTERED AGENT MUST SIGN

Date

5/14/04

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
President	Tim Daughtery	492 Park Ave.	DeLunak Springs, FL 32435

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:

Tim Daughtery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-04 850-543-4264

Date

Daytime Phone #

CR2E001 (01/04)