

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -6 PM 12: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728301

1. Corporation Name
Crest Condominium Apartment
Association, Inc.

2. Principal Office Address - No P.O. Box #
6003 Northwood Dr.
Suite, Apt. #, etc.

3. Mailing Office Address
6003 Northwood Dr.
Suite, Apt. #, etc.

City & State
Crestwood, Ky.
Crestwood, Ky.
Zip Country
40014 U.S.A. 40014 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida 01/21/1974
5. FEI Number 61-0862567 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
Wayne Bradbury
Street Address (P.O. Box Number is Not Acceptable)
534 Ibis Drive
Suite, Apt. #, Etc.
City State Zip Code
Delray Beach FL 33444

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Wayne Bradbury* Date 11/03/09
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
Pr.	A. Jerry McMAHAN	326 Mt. Mercy Dr.	Pewee Valley, Ky. 40056
Tr.	JOHN W. BOWMAN	6003 Northwood Dr.	Crestwood, Ky. 40014
Sec.	Barbara Kottke-MATtingly	239 Eagle Point	Brandenburg, Ky. 40108

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 contained in Chapter 119, 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: JOHN W. BOWMAN John W. Bowman 11/03/09 502-387-3654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/9/09