


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 NOV -6 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N11423**

1. Corporation Name
Carpenters Crest Owners Association, Inc.

Principal Place of Business Mailing Address

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

REINSTATEMENT *9098*

2. New Principal Office Address, If Applicable
222 Carpenters Way
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
323 Heatherpoint Dr.
Suite, Apt. #, etc.

City & State
Lakeland, Florida

Zip
33809

4. Date Incorporated or Qualified To Do Business in Florida
10/03/89

5. FEI Number
59-2734946

Applied For
Not Applicable

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
P/S/D	Daniel D. Strader	323 Heatherpoint Dr.	Lakeland, FL 33809
D	L. F. McIntosh	858 Rockingham Rd.	Lakeland, FL 33809
D	Marla Leger	128 Hibiscus Dr.	Lakeland, FL 33809

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-11/13/98-01075-010
***735.00 ***735.00

8. Name and Address of Current Registered Agent

L. F. McIntosh
858 Rockingham Rd.
Lakeland, FL 33809

Signature of Registered Agent *[Signature]*

REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

Name
Daniel D. Strader

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

Suite, Apt. #, Etc.

City
Lakeland

State
FL

Zip Code
33809

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.

Date **10/14/98**

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)(f), 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]* **10/14/98** **941-853-3816**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Daniel D. Strader, President

CR2E040 (1/98)