

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -2 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42522**

1. Corporation Name
**CRYSTAL RIVER EAGLE'S
AERIE 4272, INC.**

2. Principal Office Address
**6875 W. GULF TO LAKE HWY
CRYSTAL RIVER FL 34428**

3. Mailing Office Address
**6875 W. GULF TO LAKE HWY
CRYSTAL RIVER FL 34428**

City & State
City & State

Zip Country
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **3/18/91**

5. FEI Number **59-3194858**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name
ERVIN L. ERICKSON

Street Address (P.O. Box Number is Not Acceptable)
7739 E. WATSON ST.

Suite, Apt. #, Etc.

City
INVERNESS

State
FL

Zip Code
34450

UUUU23519220
10/02/03--01077--002 **246.00

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 **Ervin L. Erickson** Date **9-25-03**

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
PD	JOHN NORUP	3091 N. OAKLAND TER	CRYSTAL RIVER FL 34428
VPM	GEORGE W. MORRIS	PO BOX 1696	HOMOSASSA SPRINGS FL 34447
S	ERVIN L. ERICKSON	7739 E. WATSON ST.	INVERNESS FL 34450
T	ALFRED PAGANINI	5888 S. BAMMA DR	HOMOSASSA FL 34446
TR	DARLENE CRIGGER	PO BOX 40	LECANO FL 34460
TR	ROBERT RUGGIERO	11874 W. SUNNYBROOK CT.	CRYSTAL RIVER FL 34429

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: **JOHN NORUP** **John Norup** 9-25-03 352-795-4272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John Norup

CR2E081 (10/02)