

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

AND FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 FEB 26 PH 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98 000003727

1. Corporation Name

Newberry Crest
Condominium Association, Inc.

REINSTATEMENT 1999-2002

2. Principal Office Address

4410-B Newberry Rd
Suite, Apt. #, etc.

3. Mailing Office Address

4410-B Newberry Rd
Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32607

Country

USA

Zip

32607

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

6-23-1998

5. FEI Number

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

Michael Horseman

700005108397-3

-03/14/02--01060--023

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

4410-B Newberry Rd

****420.00 ****420.00

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

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 2-25-02

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
<u>A/D</u>	<u>Michael Horseman</u>	<u>4410-B Newberry Rd</u>	<u>Gainesville, FL 32607</u>
<u>V/D</u>	<u>Roger Pennington</u>	<u>4410-A5 Newberry Rd</u>	<u>Gainesville, FL 32607</u>
<u>S/D</u>	<u>Rene Lee Pack</u>	<u>4410-B Newberry Rd</u>	<u>Gainesville, FL 32607</u>
<u>T/D</u>	<u>Marcia Miller</u>	<u>4410-B Newberry Rd</u>	<u>Gainesville, FL 32607</u>

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] Michael Horseman

2-25-02

352-372-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)