

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 MAR 11 AM 5:54

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715237

1. Corporation Name

Cresthaven Villas No.1 Condominium, Inc.

2. Principal Office Address - No P.O. Box #

2885 Ashley Drive E

Suite, Apt. #, etc.

3. Mailing Office Address

2885 Ashley Drive E

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33415

Country

USA

City & State

West Palm Beach, FL

Zip

33415

Country

USA

7. Name and Address of Current Registered Agent

Name

Joe Bartlett

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

2885 Ashley Drive East

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33415

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0508 or 817.0503, F.S.

Signature of
Registered Agent

Joseph Bartlett

REGISTERED AGENT MUST SIGN

Date

2/29/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
Vice Pres	Alice Sumena	4780 Cresthaven Blvd - H Unit +	W. Palm Beach FL 33415
Treas.	Tanice Reese	4780 Cresthaven Blvd - A Unit +	W. Palm Beach FL 33415
Pres.	John Hout	2760 Ashley Dr. E. - C Unit +	W. Palm Beach, FL 33415

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 807 or 817, 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 807.0401 or 817.0401, 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. Hout John W. Hout Pres.

Date

3-5-08

Daytime Phone #

561 642 1528

500119931155
03/11/08--01008--013 ***358.75

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/68

5. FRI Number

592350836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

IF YES, Attach and file required
Certificate of Status.

☐ 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.

HILLEY & WYANT-CORTEZ, P.A.

Attorneys at Law

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North Palm Beach, Florida 33408-3825
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March 5, 2008

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

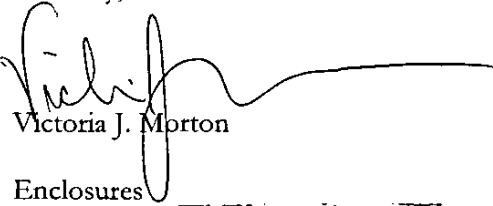
Re: Document # 715237
Reinstatement for Cresthaven Villas No.1 Condominium, Inc.

To Whom It May Concern:

Please find enclosed the completed Corporation Reinstatement form for Cresthaven Villas No.1 Condominium, Inc., along with a check in the amount of \$358.75.

Should you have any questions, please feel free to call.

Sincerely,



Victoria J. Morton

Enclosures