PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726509

1. Corporation Name
CRESTVIEW GARDENS CONDOMINIUM INC.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
121 SW 25th Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach FL	City & State
Zip: 33435 Country: Palm Beach	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 5/25/1973

5. FEI Number: 591691885 ☐ 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: RUTH S. SAMYN

Street Address (P.O. Box Number is Not Acceptable): 121 SW 25th Ave

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Suite, Apt. #, Etc.

City: Boynton Beach FL. State: FL Zip Code: 33435

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: Ruth S. Samyn
REGISTERED AGENT MUST SIGN

Date: 6/10/2003

CR2E081 (10/02)

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
Pres	MICHAEL R. SAMYN	121 SW 25th Ave Boynton Beach, FL 33435	Boynton Beach, FL 33435
VP	NELLE B. HEDRICK	2301 SE 4th Street #8	Boynton Beach FL 33435
Sect/Treasurer	RUTH SAMYN	121 SW 25th Ave	Boynton Beach, FL 33435

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: Ruth S. Samyn, Treasurer/Sec 6/10/2003 561-731-4832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RUTH S. SAMYN

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