


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

APPROVED
AND
FILED

05 APR -4 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-25
MRS

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 733185			
1. Corporation Name CHAR-LAR CIVIC ASSOCIATION, INC			
2. Principal Office Address 110 MAJOR LANE Suite, Apt. #, etc.		3. Mailing Office Address 110 MAJOR LANE Suite, Apt. #, etc.	
City & State CRESCENT CITY, FLORIDA		City & State CRESCENT CITY, FLORIDA	
Zip 32112-4159	Country PUTNAM	Zip 32112-4159	Country PUTNAM

4. Date Incorporated or Qualified To Do Business in Florida JUNE 27, 1975	
5. FEI Number NOT APPLICABLE	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name DAVID E. WILLIS SR.			
Street Address (P.O. Box Number is Not Acceptable) 110 MAJOR LANE			
Suite, Apt. #, Etc.			
City CRESCENT CITY		State FL	Zip Code 32112-4159

680051201466
04/19/05--01037--015 **183.75

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

David E. Willis Sr.

Date MARCH 29, 2005

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
P	STEVE MCGINN	212 EAST CHAR LANE	CRESCENT CITY, FL. 32112
VP	JERALD W. EUNICE	213 EAST CHAR LANE	CRESCENT CITY, FL. 32112
ST	DIANA L. WILLIS	110 MAJOR LANE	CRESCENT CITY, FL. 32112
D	DOUGLAS ROBINSON	207 EAST CHAR LANE	CRESCENT CITY, FL. 32112
D	CARY MOSELEY	394 CRESCENT LAKE SHORE DR.	CRESCENT CITY, FL. 32112
D	DAVID E. WILLIS SR.	110 MAJOR LANE	CRESCENT CITY, FL. 32112

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

David E. Willis Sr.

DAVID E. WILLIS SR.

MARCH 29, 05

386-649-6054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

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Florida Department of State,

We didn't receive an annual report for the years, 2003,2004,2005. We are asking for a waiver on the Penalty for those years. I am enclosing a check for the Amount of \$183.75, as I was instructed by your office when I contacted them about 9:30 am on Monday, March 28, 2005.

Thank-you

David E. Willis Sr.

David E. Willis Sr.

March 29, 2005