

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762139

1. Corporation Name

CHRISTMAS AIRSTREAM PARK COOPERATIVE, INC.

Principal Place of Business

Mailing Address

25525 E COLONIAL DR
CHRISTMAS FL 32709

25525 E COLONIAL DR
CHRISTMAS FL 32709

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



300022915783
10/17/03--01077--024 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1982

5. FEI Number

59-2112286

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
COB	HOOVER, EDWARD	25525 E. COLONIAL DR.	CHRISTMAS FL
PD	BALES, CLAYTON I. Eddinger Gary	330 NAVAJO AVE. 25525 E. Colonial Dr	ORMOND BEACH FL CHRISTMAS FL.
T	MCCLELLAND, ROGER	25525 E COLONIAL DR.	CHRISTMAS FL 32709
VP	HILSON, WILLIAM Specht Bill	25525 E. COLONIAL DR. 3799 S. BAYVIEW BLVD	CHRISTMAS FL COCONA BEACH FL.
D	EDDINGER, GARY SAMPSON DOROTHY	25525 E COLONIAL DR 1501 MINNESOTA AVE	CHRISTMAS FL 32709 ST. Cloud FL.

8. Name and Address of Current Registered Agent

BALES, CLAYTON I
330 NAVAJO AVE.
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name: Gary Eddinger
Street Address (P.O. Box Number is Not Acceptable):
25525 E. Colonial Dr
Suite, Apt. #, Etc.: #2
City: Christmas
State: FL Zip Code: 32709

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

GARY EDDINGER
GARY EDDINGER
REGISTERED AGENT MUST SIGN

Date 10-30-03

11. 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:

GARY EDDINGER
GARY EDDINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-03

407-568-5307

Date

Daytime Phone #

CR2E040 (7/03)