

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC 14 PM 12:11

DOCUMENT #771317

1. Corporation Name

CROWN POINT CONDOMINIUM ASSOCIATION, INC.
A Florida Not-for-Profit Corporation

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

3765 Crown Point Road

3. Mailing Office Address

same

Suite, Apt. #, etc.

Unit #5

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32257

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1983

5. FEI Number
59-3201242

☐ 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

Myrta L. Dicupe

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

3765 Crown Point Road

Suite, Apt. #, Etc.

Unit #5

City

Jacksonville

State

FL

Zip Code

32257

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

Myrta L. Dicupe
REGISTERED AGENT MUST SIGN

Date

12/1/10

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/T	Myrta L. Dicupe	3765 Crown Pt Rd., #5	Jax., FL 32257
VP/S	Billye Murphy	14581 Harewood Court	Jax., FL 32257

REINSTATEMENT 85-10
B 12/15/10

10. E-mail Address: mdicupe717@comcast.net

(To be used for future annual report notification)

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. I further certify, 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:

Myrta L. Dicupe

Myrta L. Dicupe, Pres.

Date

12/1/10

Daytime Phone #