

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 23 PH 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H18408

1. Corporation Name

Crescent Apartments, Inc.

REINSTATEMENT

99-06

E. Peterson JAN 23 2006
CR2E081 (12/05)

2. Principal Office Address

813 SE Krueger Pkwy.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Zip

34996

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/84

5. FEI Number

59-2448155

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

Francis X. Wilson

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

813 SE Krueger Parkway

Suite, Apt. #, Etc.

City

Stuart

State
FL

Zip Code

34996

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

F. X. Wilson

Date 1-16-06

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/S/T	Francis X. Wilson	813 SE Krueger Pkwy.	Stuart, FL 34996

3000065563583
02/10/06--01012--003 **1200.00

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 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:

F. X. Wilson

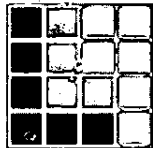
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06

Date

772-288-2000

Daytime Phone #



SOUTHERN
LAND
LAW
CENTER

2012
MICHAEL MALISZEWSKI
ATTORNEY AT LAW
ALSO ADMITTED IN TENNESSEE

January 13, 2006

Florida Department of State
Division of Corporations
ATTN: Reinstatement Dept.
P.O. Box 6327
Tallahassee, FL 32314


RE: Reinstatement for Crescent Apartments, Inc., #H19408

Dear Madam/Sir:

My client, Crescent Apartments, Inc., recently learned that the corporation was administratively dissolved. Until now, this fact was unbeknownst to the President as the company moved and the next occupant did not forward the 1999 UBR or notice letters to it. Therefore, this company is requesting a waiver of the penalty portion to reinstatement the corporation.

Enclosed, find my client's completed original Corporate Reinstatement form together with his corporate check in the amount of \$1,200.00 for the State's reinstatement charges for 1999 through 2006. My client thanks you in advance for your assistance in this matter and appreciates the consideration being shown here.

Very truly,



Michael Maliszewski, Esq.

/rr
Enclosures

ATTESTATION

All of the above statements have been read and adopted by by Francis X. Wilson, President of Crescent Apartments, Inc.

Date: 1-16, 2006.


Francis X. Wilson, President