

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 JUN 29 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/20/01--01102--020
***1050.00 ***1050.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LM194**
1. Corporation Name
CRESCENT CLUB INC.

2. Principal Office Address
6519 MIDNIGHT PASSA
Suite, Apt. #, etc.
City & State
SARASOTA FL
Zip
34242 Country
SARASOTA

3. Mailing Office Address
SAME AS #2
City & State
Zip
Country

4. Data Incorporated or Qualified To Do Business in Florida **7/01/90**

5. FEI Number
65-0199342 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
JULIA ANN BROWN

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

Suite, Apt. #, Etc.
S

City
SARASOTA State
FL Zip Code
34242

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: *[Signature]* Date: **6/28/01**

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
Pres	JULIA A. BROWN	799 TROPICAL CR # 7 Same as # 7	SARASOTA FL 34242
V.P.	KEVIN T. BROWN	799 TROPICAL CR # 7 Same as # 7	SARASOTA FL 34242

REINSTATEMENT 99-01 18

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 907 or 917, 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)(b), 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: *[Signature]* **JULIA ANN BROWN** Date: **6/28/01** Daytime Phone #: **9413463370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR