

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -9 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600036518946
05/17/04--01068--001 **\$1.25

DOCUMENT # **N00000005176**

1. Corporation Name

Crystal Village Airpark Assoc., Inc

2. Principal Office Address

5173 Panther Tr.

Suite, Apt. #, etc.

3. Mailing Office Address

5173 Panther Tr.

Suite, Apt. #, etc.

City & State

Chipley, FL

City & State

Chipley, FL

Zip

32428

Country

USA

Zip

32428

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3698982

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

James H. Luther

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

5173 Panther Tr.

Suite, Apt. #, Etc.

City

Chipley, FL

State

FL

Zip Code

32428

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

James H. Luther

Date

5-12-04

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
President	Michael Highsmith	5174 Airpark Blvd	Chipley, FL 32428
Sec-Treas.	James H. Luther	5173 Panther Tr.	Chipley, FL 32428

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:

James H. Luther

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Luther

Date

5/12/04

Daytime Phone #

856-773-6183

CR2E081 (10/02)