

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009316055
12/03/02--01045--001 **236.25

DOCUMENT # **N00000005176**

1. Corporation Name

CRYSTAL VILLAGE AIRPARK ASSOCIATION, INC.

Principal Place of Business

5150 SPRING POND ROAD
CHIPLEY FL 32428

Mailing Address

2982 WOODYMARION DR
CHIPLEY FL 32428

5173 Panther Tr.
Chipley, FL 32428

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



REINSTATEMENT 02

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

5173 Panther Tr.

City & State

Chipley FL

Zip

32428

Country: USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2000

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. 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
D	PORTER, STAN	846 MAIN STREET	CHIPLEY FL 32428
D	BIELINSKY, CHARLES R	3302 S. MAIN STREET	VERNON FL 32462
D	LUTHER, JAMES JR	5173 PANTHER TRAIL	CHIPLEY FL 32428
P	GARGNON, TERRY	5120 AIRPARK BLVD OAD	CHIPLEY FL 32428
V	HIGHSMITH, MICHAEL	PO BOX 9531	PANAMA CITY BEACH FL 32417
ST	ADAMS, RODNEY	2982 WOODY MARION DRIVE	CHIPLEY FL 32428

8. Name and Address of Current Registered Agent

ADAMS, KENNETH R
2982 WOODY MARION DR
CHIPLEY-FL-32423

9. Name and Address of New Registered Agent

Name

James H. Luther

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

5173 Panther Tr.

Suite, Apt. #, Etc.

City

Chipley

State

FL

Zip Code

32428

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

Michael D. [Signature]
REGISTERED AGENT MUST SIGN

Date

11-30-02

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.

JAMES H. LUTHER Sec. Treasurer.

SIGNATURE:

James H. Luther
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-30-02 850-773-2914

Daytime Phone #

CP2E040 (8/02)