

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
OCT 30 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005176

**1. Corporation Name**

Crystal Village Airpark Association

**2. Principal Office Address**

5173 Panther Tr.

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Chipley, FL

City & State

Zip

32428

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08/02/200

**5. FEI Number**

593698982

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

Luther, James H

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

5173 Panther TR

Suite, Apt. #, Etc.

City

Chipley,

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*

REGISTERED AGENT MUST SIGN

Date 10/24/03

**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	P.O. Box 9531	Panama City, FL 32417
Sec/Tre	James H. Luther	5173 Panther TR	Chipely, FL 32428
D	Terry Gagnon	5120 Airpark Blvd.	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*

James H. Luther

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/03

Date

850-773-6183

Daytime Phone #

CR20081 (10/02)