

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 27 PM 6:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000007927

1. Corporation Name
Crescent Garden at St. Augustine Condominium Association, Inc.
16 May Street
16 May Street

2. Principal Office Address
16 May Street

3. Mailing Office Address
16 May Street

Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State
St. Augustine, FL

Zip Country
32084 USA

Zip Country
32084 USA

4. Date Incorporated or Qualified To Do Business in Florida 2002
5. FEI Number NONE 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
Thomas R. Long
Street Address (P.O. Box Number is Not Acceptable)
16 May Street
Suite, Apt. #, Etc.
City
St. Augustine
State
FL
Zip Code
32084

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08/13/04--01038--003 **297.50

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 7/7/04
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
PD	Thomas R. Long	16 May Street	St. Augustine, FL 32084
STD	Jeanne L. Krausz	16 May Street	St. Augustine, FL 32084
D	Linda Long	16 May Street	St. Augustine, FL 32084

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: [Signature] 7/7/04 904-819-0294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E081 (01/04)