

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 14 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000008649

1. Corporation Name

CRANE CREEK LANDING CONDOMINIUM OWNERS
ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

901 E. New Haven Ave.

Suite, Apt. #, etc.

Suite 208

City & State

Melbourne, FL

Zip

32901

Country

U.S.A.

3. Mailing Office Address

901 E. New Haven Ave.

Suite, Apt. #, etc.

Suite-208

City & State

Melbourne, FL

Zip

32901

Country

U.S.A.

200123275632

04/14/08--01049--006 **183.75

CR2E081 (12/07)

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2005

5. FEI Number

26-2362192

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

J. Patrick Anderson

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

930 S. Harbor City Boulevard

Suite, Apt. #, Etc.

Suite 505

City

Melbourne

State

FL

Zip Code

32901

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/27/08

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
P D	Joan M. Fitzpatrick	255 Evernia St., Apt. 1217	West Palm Beach, FL 33401
S T	William Tollmann	P.O. Box 510758	Melbourne Beach, FL 32951
D	Margaret Savelli	255 Evernia St., Apt. 1217	West Palm Beach, FL 33401
D			

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 contained in Chapter 119, 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:

, President

3/25/08 561-254-1637

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell APR 14 2008