

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 AUG 16 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800058654098  
08/16/05--01059--001 \*\*297.50

**DOCUMENT # NO 5860**

**1. Corporation Name**

Crestview Professional Condominiums Association, Inc.

**2. Principal Office Address**

151 Redstone Ave., S.E.

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32539

Country

Okaloosa

**3. Mailing Office Address**

151 Redstone Ave., S.E.

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32539

Country

Okaloosa

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

10/25/84

**5. FEI Number**

59-2504047

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

Doug Sills, CEO

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

151 Redstone Ave., S.E.

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32539

**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

*Doug Sills*

Date

8/1/05

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	Doug Sills	151 Redstone Ave., S.E.	Crestview, FL 32539
STD	James L. Andrews	151 Redstone Ave., S.E.	Crestview, FL 32539
VD	Tom Zachos	131 Redstone Ave., S.E.	Crestview, FL 32539

**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:**

*Doug Sills*

Doug Sills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/05

Date

(850) 689-8100

Daytime Phone #

CR2E081 (01/05)