

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: (D)

11 JUN 28 AM 4:20
 RECEIVED
 ALL INFORMATION MUST BE
 FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N06000009724

1. Corporation Name
Crayton Place Condominium Association, Inc.

2. Principal Office Address - No P.O. Box # c/o CNLBank, 9160 Bonita Beach Rd.		3. Mailing Office Address c/o CNLBank, 9160 Bonita Beach Rd.	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Bonita Springs, FL		City & State Bonita Springs, FL	
Zip 34135	Country USA	Zip 34135	Country USA

400209429634
 06/28/11--01024--001 **298.50

REINSTATEMENT 10-11

4. Date Incorporated or Qualified To Do Business in Florida **9/12/06**

5. FEI Number **262269349** 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
Joel Whittenhall

Street Address (P.O. Box Number is Not Acceptable)
 c/o CNLBank, 9160 Bonita Beach Rd.

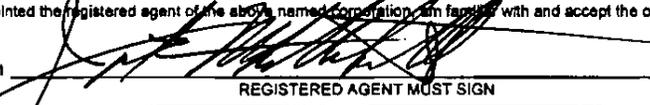
Suits, Apt. #, Etc.

City
 Bonita Springs

State
FL

Zip Code
34135

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  Date **6-22-11**

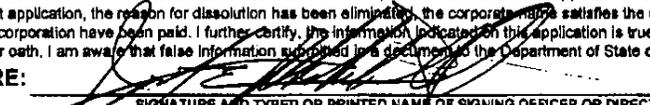
REGISTERED AGENT MUST SIGN

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	Joel Whittenhall	c/o CNLBank, 9160 Bonita Beach Rd.	Bonita Springs, FL 34135
VD	Thomas Lytton	c/o CNLBank, 9160 Bonita Beach Rd.	Bonita Springs, FL 34135
STD	Dawn Keogh	c/o CNLBank, 9160 Bonita Beach Rd.	Bonita Springs, FL 34135

10. E-mail Address: **dkeogh@cnlbank.com** (To be used for future annual report notification)

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 corporation meets the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information furnished in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  Date **6.22.11** Daytime Phone # **239.444.2868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29
 aw