

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

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

11 JUN 28 AM 4:20

RECEIVED
FALLING WATER, FL 32111

DOCUMENT # N06000009724

1. Corporation Name

Crayton Place Condominium Association, Inc.

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

REINSTATEMENT

(D-11)

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.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip
34135

Country
USA

Zip
34135

Country
USA

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.

Suite, Apt. #, Etc.

City
Bonita Springs

State Zip Code
FL 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

REGISTERED AGENT MUST SIGN

Date 6-22-11

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 corporate name satisfies 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-11 239.444.2868

Date Daytime Phone #

6/29
aw