

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -2 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N06777**

1. Corporation Name

CROWDALE COURT OWNERS ASSOCIATION, INC.

Principal Place of Business

% DEBORAH A. ECKERT
389 CROWDALE COURT
CANTONMENT FL 32533

Mailing Address

% DEBORAH A. ECKERT
389 CROWDALE COURT
CANTONMENT FL 32533

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1984

5. FEI Number

59-2643483

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status
as of 12/21/84

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ECKERT, DEBORAH A.	389 CROWDALE COURT	CANTONMENT FL
VPD	ROCKFORD, M. PEEBLES	437 CROWDALE COURT	CANTONMENT FL
TD	SNOW, JAMMIE D.	401 CROWDALE COURT	CANTONMENT FL
SD	ROBERTS, BARBARA A.	414 CROWDALE COURT	CANTONMENT FL
D	OWENS, DARWYN K.	434 CROWDALE COURT	CANTONMENT FL
			DBI-6-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OWENS, DARWYN K.
434 CROWDALE COURT
CANTONMENT FL 32533

Name

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

Suite, Apt. #, Etc.

City

880882051908-0

01/09/97-01018-003

***235-25 State ***235-25

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Darwyn K. Owens

REGISTERED AGENT MUST SIGN

Date

12-26-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-96 9686360

Date

Daytime Phone #

CR2ED040 (7/96)