

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 SEP 17 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N09415**

**1. Corporation Name**

Crestview Homeowners Association, Inc.

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

1625 N.W. 188th Terrace

Suite, Apt. #, etc.

City & State

Miami Gardens, Florida

Zip

33169-3601

Country

U.S.A.

**3. Mailing Office Address**

1625 N.W. 188th Terrace

Suite, Apt. #, etc.

City & State

Miami Gardens, Florida

Zip

33169-3601

Country

U.S.A.

**REINSTATEMENT 94-08**  
CR2E081 (12/07)

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

May 20, 1985

**5. FEI Number**

592426874

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

Betty Ferguson

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

1625 N.W. 188th Terrace

Suite, Apt. #, Etc.

City

Miami Gardens

State  
**FL**

Zip Code

33169-3601

☒ 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

*Betty Ferguson*  
REGISTERED AGENT MUST SIGN

Date August 21, 2008

**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
D	Victor W. Moncrieffe	1820 N.W. 186th Street	Miami Gardens, Florida.33056
D	Harvey L. Wanton	1830 N.W. 186th Street	Miami Gardens, Florida 33056
D	Thomas C. Blue	1810 N.W. 186th Street	Miami Gardens, Florida 33056

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**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:**

*Victor W. Moncrieffe*

VICTOR W. MONCRIEFFE 8/27/08

305-624-4205

Date

Daytime Phone #

T. Roberts SEP 19 2008