


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <p>CORPORATION</p> <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>		<p>06 APR 27 PM 3:50</p> <p>CR2E081 (12/05)</p>																									
<p>DOCUMENT # N25631</p> <p>1. Corporation Name The Crystal Club, Inc.</p>																											
<p>2. Principal Office Address 964 Crystal Glen Blvd Suite, Apt. #, etc.</p>		<p>3. Mailing Office Address P.O. Box 15 Suite, Apt. #, etc.</p>																									
<p>City & State Hecanto, FL Zip 34461 Country Citrus</p>		<p>City & State Hecanto, FL Zip 34460 Country Citrus</p>																									
<p>4. Date Incorporated or Qualified To Do Business in Florida 3-28-1988</p>		<p>5. FEI Number 59-2929758</p>																									
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>		<p>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>																									
<p>7. Name and Address of Current Registered Agent</p> <p>Name Billy I. Jarrett</p> <p>Street Address (P.O. Box Number is Not Acceptable) 1371 S. Brookfield Dr.</p> <p>Suite, Apt. #, Etc.</p> <p>City Hecanto State FL Zip Code 34461</p>																											
<p>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.</p> <p>Signature of Registered Agent <i>Billy I. Jarrett</i> REGISTERED AGENT MUST SIGN Date 4-24-06</p>																											
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P.</td> <td>Billy I. Jarrett</td> <td>1371 S. Brookfield Dr.</td> <td>Hecanto, FL. 34461</td> </tr> <tr> <td>V.P.</td> <td>Mike Shier</td> <td>3912 W. Featheredge Ct.</td> <td>Hecanto, FL. 34461</td> </tr> <tr> <td>T.</td> <td>Barb Guthridge</td> <td>1015 S. Brookfield Dr.</td> <td>Hecanto, FL. 34461</td> </tr> <tr> <td>S.</td> <td>Eileen Gahzka</td> <td>1131 S. Safford Loop</td> <td>Hecanto, FL. 34461</td> </tr> <tr> <td colspan="4" style="text-align: center;">B 5/2/04</td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P.	Billy I. Jarrett	1371 S. Brookfield Dr.	Hecanto, FL. 34461	V.P.	Mike Shier	3912 W. Featheredge Ct.	Hecanto, FL. 34461	T.	Barb Guthridge	1015 S. Brookfield Dr.	Hecanto, FL. 34461	S.	Eileen Gahzka	1131 S. Safford Loop	Hecanto, FL. 34461	B 5/2/04			
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<p>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.</p> <p>SIGNATURE: <i>Billy I. Jarrett</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-24-06 Daytime Phone #</p>																											