

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -7 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27510**

1. Corporation Name

CRYSTAL LAKES ASSOCIATION, INC

2. Principal Office Address

2831 Ringling Blvd

Suite, Apt. #, etc.

218 F

City & State

SARASOTA, FL

Zip

34237

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

34237

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650142736

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

ALL FLORIDA SERVICES, INC

800032095768

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

2831 Ringling Blvd

04/07/04--01040--016 **23 25

Suite, Apt. #, Etc.

218 F

800032095768

04/07/04--01040--017 **61 25

City

SARASOTA

State

FL

Zip Code

34237

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

James Bushy

Date **3-31-04**

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	Ed HASHEY	2831 Ringling Blvd., Suite 281F Sarasota, FL 34237	
TD	LUCIA KOHOLMI	2831 Ringling Blvd., Suite 281F Sarasota, FL 34237	
SD	BILL MAJERUS	2831 Ringling Blvd., Suite 281F Sarasota, FL 34237	
D	ALLISON GYESS	2831 Ringling Blvd., Suite 281F Sarasota, FL 34237	

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 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:

Bill Majerus

BILL MAJERUS, SD

3/31/04

941 366-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)