PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003401

1. Corporation Name

Crystal Pier Courtyard Townhomes Association, Inc.

000004642000--6
-10/18/01--01057--021
****358.75 ****358.75

2. Principal Office Address	**3.** Mailing Office Address
P.O. Box 5796	P.O. Box 5796
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin, FL	City & State: Destin, FL
Zip: 32540 Country: US	Zip: 32540 Country: US

4. Date Incorporated or Qualified To Do Business in Florida 6/12/97

5. FEI Number Applied For ☑ 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: Robert E. McGill, III, P.A.

Street Address (P.O. Box Number is Not Acceptable): 36008 Emerald Coast Parkway

REINSTATEMENT 99-01

Suite, Apt. #, Etc.: Suite 301

City: Destin State: FL Zip Code: 32541

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 9/27/01

CR2E081 (9/00)

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	Thomas Lee Goodson	3080 Highway 98E.	Destin, FL 32541
D	Nancy J. Goodson	3080 Highway 98E.	Destin, FL 32541
D.	Robert E. McGill, III	36008 Emerald Coast Parkway, Suite 301	Destin, FL. 32541

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: _____ 9/27/01 850 837-1382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Form **SS-4** (Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN ____ ____ - ____ ____ ____ ____

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Crystal Pier Courtyard Townhomes Association, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
P. O. Box 5796

4b City, state, and ZIP code
Destin, Florida 32541

5a Business address (if different from address on lines 4a and 4b)

5b City, state, and ZIP code

6 County and state where principal business is located
Okaloosa, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶
Thomas Lee Goodson - 259-72-9841

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) ____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ▶
- ☒ Other (specify) ▶ Corporation
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator-SSN ____
- ☐ Personal service corp
- ☐ Limited liability co
- ☐ National Guard
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

(enter GEN if applicable) ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶ Homeowners Association
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
6/12/97

11 Closing month of accounting year (See instructions.)
12-31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ▶

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-* (See instructions.) ▶

Nonagricultural	Agricultural	Household
	-0-	-0-

14 Principal activity (See instructions.) ▶ Homeowners Association

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☐ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): (950) 837-1586

Name and title (Type or print clearly.) Thomas Lee Goodson, Director

Fax telephone number (include area code): (950) 650-3941

Signature ▶ X [signature] Date ▶ 10/15/01

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

Cat. No. 16055N Form **SS-4** (Rev. 12-95)