PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N97000003989

1. Corporation Name

THE CROWN POINTE PROPERTY OWNERS ASSOCIATION, INC.

REINSTATEMENT 99-01

2. Principal Office Address	**3.** Mailing Office Address
7966 Castle Pointe Way	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State
Zip: 32506 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 7-11-97

5. FEI Number: X 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: Raymond F. Newman, Jr.

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-02/01/01--01093--015
****367.50 ****367.50

Street Address (P.O. Box Number is Not Acceptable): 348 Miracle Strip Parkway, SW

Suite, Apt. #, Etc.: Suite 7

City: Fort Walton Beach State: FL Zip Code: 32548

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 _____ Date 1-16-01

REGISTERED AGENT MUST SIGN

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
P,D	Tony G. Ward	7966 Castle Pointe Way	Pensacola, FL 32506
VP,D	Henry C. Marshall	912 Wine Pointe Drive	Pensacola, FL 32506
S,D	Christopher Lucas	1110 Calinda Drive	Pensacola, FL 32506
T,D	Todd A. Groskreutz	7982 Castle Pointe Way	Pensacola, FL 32506
D	Roger Hammond	7943 Castle Pointe Way	Pensacola, FL 32506
D	Daniel T. Skarda	7946 Castle Pointe Way	Pensacola, FL 32506

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: Tony G Ward TONY G. WARD, PRESIDENT 1/15/2001 850-458-7540

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

DIRECTORS CONTINUED

TITLE	NAME	ADDRESS
D	David A. Skiff	8011 Sapphire Blvd., Pensacola, FL 32506
D	Joe Pat Traywick, Jr.	1000 Jamie Drive, Pensacola, FL 32506