PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -3 PM 4:24

DOCUMENT # **N98000000081**

1. Corporation Name

CRANWELL HOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
54 ISLE OF VENICE FORT LAUDERDALE FL 33301	54 ISLE OF VENICE FORT LAUDERDALE FL 33301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 223
City & State	City & State FORT LAUDERDALE FL
Zip / Country	Zip 33305-1400 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/07/1998

5. FEI Number: 65-0848418 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CASTAGNA, PATRICK A	54 ISLE OF VENICE, UNIT 8	FORT LAUDERDALE FL 33301
STD	BELL, KERTTU H	54 ISLE OF VENICE, UNIT 6	FORT LAUDERDALE FL 33301
V	FERRARO, JOSEPH	175 JASON STREET	ARLINTON MA 02174
D	DE LUCA, PETER E	54 ISLE OF VENICE, UNIT 4	FORT LAUDERDALE FL 33301

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ANDERSON, LOUIS C ESQ 224 COMMERCIAL BLVD STE 310 LAUDERDALE BY THE SEA FL 33308-4443	Name: JAMES K TILBROOK Street Address (P.O. Box Number is Not Acceptable): 1881 NE 26 STREET Suite, Apt. #, Etc.: # 223 City: FORT LAUDERDALE State: FL Zip Code: 33305

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: James K. Tilbrook Date: 11/27/01
REGISTERED AGENT MUST SIGN

11. 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: (PRESIDENT) Patrick Castagna PATRICK CASTAGNA 11-24-01 954-429-3379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NOV. 21, 2001

CRANWELL HOUSE INC

TO DEPT. OF STATE (FLORIDA)

THIS WAS NEVER RECIEVED DUE TO THE FACT THAT OUR ACCOUNTANT WHO MANAGES THE FINANCES NEVER RECIEVED THIS STATEMENT. WE ARE A SMALL CONDOMINIUM AND FEW PEOPLE ARE HERE YEAR-AROUND.

JAMES TILBROOK CPA
1881 N.E. 26th STREET #223
FT. LAUDERDALE, FL. 33305-1400

THIS IS THE ADDRESS TO WHERE ALL OUR BILLS ARE SENT, AS HE IS IN CHARGE OF OUR FINANCES.

OUR 1ST NOTICE WAS PROBABLE LOST OR RETURNED

WE FEEL WE SHOULD NOT BE ASSESED THE FINE

THANK YOU

PATRICK CASTAGNA

Patrick Castagna

PRESIDENT