PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF

	T ZZNOE NEND	ALE INSTRUCTIONS BLICKE	COMPLETING THIS HORIM!
	PORATION TATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 JAN 15 AM 10:50
DOCUN	MENT # N9800	0000081	SECRETARY OF STATE TALLAHASSEE, FLORIDA
CRAN	NWELL HOUSE ASS	SOCIETION, INC.	
2. Principal Office Address 54 SLL OF VENICE		3. Mailing Office Address 1831 NE 26 STREET	
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	-
		223	4. Date Incorporated or Qualified To Do Business in Florida の / / クラ / 1 9 号
		FORT LAUDERDALE FE	5. FEI Number Applied For
FORT LAUDERPALE FL FORT LI		FORT LAUDERDALE PL	65-0848418 Not Applicable
Zip 3330)	/ Country	Zip Country. 23305-1400	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
		7. Name and Address of Current Regis	
	Name	Acceptable) **KEC T	300027011153 01/15/04-01020-014 **122.50 35 State Zip Code FL 33305
8. I, being app Signature of Registered Age	pointed the registered agent of the aport	ve named corporation, am familiar with and accept the	
9. Names and	Street Addresses of Each Officer and	or Director (Florida nonprofit corporations must list a	t least 3 directors)
Titles	Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct	
PD ,	FRASER, THOMAS	54 ISLE OF VENIC	E FORT LAUDER DALE FL 33301
VD :	STONE HOWARD	54 ISLE OF VEN	VICE FORT LANDERDALE FL 33301
STD	CASTAGNA, PATRIC,	x 54 ISLE OF VEN	IICE FORT LAUDER DAGE FL 33301
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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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03

(954) 524-0113

Page wor

CRANWELL HOUSE ASSOCIATION, INC. 54 ISLE OF VENICE FORT LAUDERDALE, FLORIDA 33301

December 30, 2003

Department of State
Division of Corporations
P.O. Box 6327

Tallahassee, FL-32314

To Whom It May Concern:

Please waive the Reinstatement Fee for this HOA since we did not receive the 2003 Uniform Business Report and therefore did not file. Enclosed is \$61.25 for the Annual Report Fee. Also enclosed is the Corporation Reinstatement form as requested.

Thank you for your prompt attention to this matter.

Sincerely,

Thomas Fraser, President

Enc: 2