

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS

06 FEB 16 PM 2:37

DOCUMENT # N99000002261

1. Corporation Name

CROWN POINT BUSINESS PARK ASSOCIATION, INC.

900066885779
03/01/06--01008--025 **297.50

2. Principal Office Address

PO Box 194

Suite, Apt. #, etc.

City & State

PLYMOUTH, FL

Zip

32768

Country

US

3. Mailing Office Address

PO Box 194

Suite, Apt. #, etc.

City & State

PLYMOUTH, FL

Zip

32768

Country

US

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3569163

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

CREEDEN, KEVIN

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

703 HENNIS RD.

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

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

Kevin A Creeden

Date

02/10/06

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
P	CREEDEN, KEVIN	703 HENNIS RD.	WINTER GARDEN, FL 34787
V	CREEDEN, CHARLES	703 HENNIS RD.	WINTER GARDEN, FL 34787
D	MAMARAJ, HEMONT	1215 CROWN POINT CIRCLE	WINTER GARDEN, FL 34787
T	COLES, BONNIE E.	PO BOX 194	PLYMOUTH, FL 32768

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 contained in Chapter 119, 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

Kevin A Creeden
Kevin A Creeden

Date

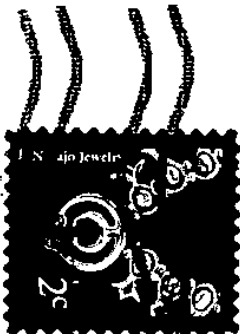
02/10/06

Daytime Phone #

407-877-2600

French Professional Management, PO Box 194
Plymouth, FL 32768-0194

ORLANDO FL 328
13 FEB 2006 PM 6 T



Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

32302+1500

