

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 19 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002786

1. Corporation Name

CRESTVIEW OFFICIALS ASSOCIATION, INC.

Principal Place of Business

123 PIN OAK COURT E
CRESTVIEW FL 32539

Mailing Address

P. O. BOX 1487
CRESTVIEW FL 32536-1487

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1999

5. FEI Number

59-3475848

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BONTA, CHUCK	997 ANDERSON ST	CRESTVIEW FL 32536
PD	PATTEN, JACK	110 ADAMS DR	CRESTVIEW FL 32536
STD STD	CLAY, BRENDA PARKS, MICHAEL L.	3646 POWARTY CREEK RD 123 PINEOAK CT E	CRESTVIEW FL 32539 CRESTVIEW, FL 32539
CD	BYRD, WILLIAM H	6080 WEST DOGWOOD DR	CRESTVIEW FL 32536
			236.25 - Adm
			61.25 - AR

8. Name and Address of Current Registered Agent

PARKS, MICHAEL L
123 PIN OAK COURT E
CRESTVIEW FL 32539-8316

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

80005370078--3

06/25/02--01041-004

****297.50 ****297.50

State

FL

Zip Code

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

Michael L. Parks

REGISTERED AGENT MUST SIGN

Date

4/10/02

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:

Michael L. Parks
MICHAEL L. PARKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/02

Daytime Phone #

850.682.7015

CR2E040 (8/01)