PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 JUN -2 AM 8:14

TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000005633

1. Corporation Name

CROSSWINDS CONDOMINIUM ASSOCIATION OF PANAMA CITY BEACH, INC.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
111 Sun Lane	P.O. Box 9218
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Beach, FL	City & State: Panama City Beach, FL
Zip: 32413 Country: USA	Zip: 32413 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/22/1999

5. FEI Number: 59-3626746 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: William S. Howell, Jr., J.D., P.A.

Street Address (P.O. Box Number is Not Acceptable): 1727 S. County Hwy. 393

Suite, Apt. #, Etc.

City: Santa Rosa Beach State: FL Zip Code: 32459

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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 _____

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
Pres. Treas	Craig W. Fleming	3657 Peachtree Rd, 8A	Atlanta, GA 30319
Secty	Adam C. Fleming	1668 Fearn Circle	Atlanta, GA 30319
VP	Austin W. Fleming	1649 Wayland Circle	Atlanta, GA 30319

10. E-mail Address: bhowell@howellpa.com
(To be used for future annual report notification)

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 upon 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Craig W. Fleming 5-21-15 770-294-3692

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

CRAIG W. FLEMING

K. ASHTON