

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 FEB 15 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 01000122373**

1. Corporation Name

CONDOTEL PROPERTIES OF CRYSTAL RIVER, INC.

W05-56192

2. Principal Office Address

9695 W. FT. ISLAND GULF TRAIL

3. Mailing Office Address

P.O. BOX 516

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL

City & State

CRYSTAL RIVER, FL

Zip

34429

Country

Zip

34423

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
030227303

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

DICKS, JAMES E SR

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

9695 W FORT ISLAND GULF TRAIL

Suite, Apt. #, Etc.

City

CRYSTAL RIVER

State
FL

Zip Code
34429

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 D	DICKS, JAMES E SR	9695 W FORT ISLAND GULF TRAIL CRYSTAL RIVER, FL	34429

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 under section 119.07(3)(b), 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

Date

Daytime Phone #

B. Mitchell FEB 20 2006