PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 25 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096443

1. Corporation Name: CRYSTAL COMMONS, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1234 AIRPORT RD	SAME
Suite, Apt. #, etc.: SUITE 102	Suite, Apt. #, etc.
City & State: DESTIN FL	City & State
Zip: 32541 Country: U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 09-06-02

5. FEI Number: 36-4506071 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name: Robert E McGill, III

Street Address (P.O. Box Number is Not Acceptable): 36008 EMERALD COAST PKWY

Suite, Apt. #, Etc.: SUITE 301

City: DESTIN State: FL Zip Code: 32541

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: [signature] REGISTERED AGENT MUST SIGN Date: 05-19-04

CR2E018 (01/03)

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	Shane L. Cannon	1234 Airport RD Suite 102	DESTIN FL 32541

700037730857
05/07/04 01070-009 **300.00

10. I certify that I am an officer or director of 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: [signature] 05-19-04 850-654-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SHANE L. CANNON