

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP -7 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

PA5000027784
Crestwell School Inc.

2. Principal Office Address

8140 College Pkwy

3. Mailing Office Address

8140 College Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS, FL

City & State

FT MYERS, FL

Zip

33919

Country

Lee

Zip

33919

Country

Lee

REINSTATEMENT

9800

4. Date Incorporated or Qualified
To Do Business in Florida

5-11-95

5. FEI Number

65-0570178

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

Cindy Butterfield

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

769 Vinca Way

Suite, Apt. #, Etc.

So

City

Sanibel

State

FL

Zip Code

33957

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

Cindy Butterfield

REGISTERED AGENT MUST SIGN

Date

8-31-00

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	CINDY BUTTERFIELD	769 VINCA WAY	SANIBEL, FL 33957
V	Nopadol Khemkhajon	769 VINCA WAY	SANIBEL, FL 33957
S/K	Jean Hurlock	LAKE MUREX CIRCLE	SANIBEL, FL 33957

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)(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:

Cindy Butterfield, CINDY BUTTERFIELD

Date

8-31-00

Daytime Phone #

944-481-8478

CR2E081 (9/99)