

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 25 PM 1:50

DOCUMENT # **P96000097388**

1. Corporation Name

CRESCENT PARK DEVELOPMENT, INC.

000006629320--0
-07/25/02--01002--007
****908.75 ****908.75

2. Principal Office Address

850 N. FERDON BLVD

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

Zip

Country

32536 OKALOOSA

3. Mailing Office Address

850 N. FERDON BLVD

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

Zip

Country

32536 OKALOOSA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/25/96

5. FEI Number

59-3426874

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

TIMOTHY M. CLARK

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

850 N. FERDON BLVD

Suite, Apt. #, Etc.

City

CRESTVIEW

State

FL

Zip Code

32536

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

Timothy M. Clark

REGISTERED AGENT MUST SIGN

Date

6/25/02

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
PD	THIGPEN, LEE	1005 CAPRI COURT	CRESTVIEW, FL 32536
SD	CADENHEAD, ROBERT	695 SIOUX CIRCLE	SAME
TD	CLARK, TIM	6001 W. DOGWOOD DR.	SAME
VPD	BLOCKER, KEN	2150 S. FERDON BLVD	SAME

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:

Timothy M. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/02

Date

850-585-7451

Daytime Phone #

CR2081 (9/01)