

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JUL 21 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000097388

**1. Corporation Name**

Crescent Park Developement, Inc.

**2. Principal Office Address**

551 Redstone Ave. West

Suite, Apt. #, etc.

N/A

City & State

Crestview FL

Zip

32536

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

**REINSTATEMENT**

CR2E081 (12/05)

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

11-25-96

**5. FEI Number**

593426874

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

Brad Smith

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

8172 Green St.

Suite, Apt. #, Etc.

N/A

City

Laurel Hill

State  
**FL**

Zip Code

32567

**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

*Brad Smith*

REGISTERED AGENT MUST SIGN

Date 7-19-06

**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.	Lee Thigpen	1005 Capri Ct.	Crestview, FL 32539
V	Tim Clark	15500 Emerald Coast Pkwy	Destin, FL 32541
T	Brad Smith	8172 Green St.	Laurel Hill, FL 32567
S	Robert Cadenhead	2909 Murray Lane	Crestview, FL 32539
D	Dale Rice, Jr.	109 Old South Dr.	Crestview, FL 32536

200078068032  
07/27/06--01050--010 \*\*1050.00

**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 contained in Chapter 119, 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:**

*Brad Smith* BRAD SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/06

Date

850-683-3997

Daytime Phone #