

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 27 PM 3:14

DOCUMENT # P98000000741

1. Corporation Name

THE CRYSTAL HARBOR CO.

2. Principal Office Address

2851 N.W. Highway 19

Suite, Apt. #, etc.

City & State

Crystal River, FL

Zip

34429

Country

USA

3. Mailing Office Address

2851 N.W. Highway 19

Suite, Apt. #, etc.

City & State

Crystal River, FL

Zip

34429

Country

USA

REINSTATEMENT

03-05

CR2E081 (8/05)

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

01/05/1998

5. FEI Number

593483748

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

Nannette J. Elson

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

10445 W. Sea Court

Suite, Apt. #, Etc.

City

Crystal River

State

FL

Zip Code

34429

100062381731
12/27/05--01003--021 ***10.00

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

Nannette J. Elson
REGISTERED AGENT MUST SIGN

Date 12-21-05

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
PSTD	Nannette J. Elson	10445 W. Sea Court	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)(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:

Nannette J. Elson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-05 (352)
Date Daytime Phone # 75-5933

12/26/05