

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAY -2 PM 2:46

DOCUMENT # 752444

1. Corporation Name

CROSS CREEK CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1500 N CONGRESS AVE.
WEST PALM BEACH FL 33401

1500 N CONGRESS AVE.
WEST PALM BEACH FL 33401



REINSTATEMENT 99-00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/13/1980	
City & State		City & State		5. FEI Number	
Zip		Country		-59-2041142	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	VALENTINE, DOMINICK Lois Pike	1500 N CONGRESS AVE APT B-21	W PALM BEACH FL 33401
VP	RAMSAY, ANGENORA Michelle Noonan	1500 N CONGRESS AVE 244 N. BAY Colony DR Juno Bch FL 33408	W PALM BCH FL Juno Beach, FL 33408
SD	KING, JOANNE Michael Dellavecchia	1500 N CONGRESS AVE 1707 TERRACE DR EAST	W PALM BEACH FL LAKE WORTH, FL 33460
TD	TRAVINI, ALFRED Glenn Mangan	2986 GABRIEL LA 120 OCEAN Dunes Circle	W PALM BCH FL JUPITER, FL 33477
D	FIGUEROA, RAFAEL Marian Holmquist	1500 N. CONGRESS AVE. APT B-52	W PALM BEACH FL 33401

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ISAAC B. STEIN~~
1500 N. CONGRESS AVE
WEST PALM BEACH FL 33401

Name Edward Dicker
Street Address (P.O., Box Number is Not Acceptable) 500 Australian Ave S
Suite, Apt. #, Etc. Suite 600
City West Palm Beach State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Edward Dicker
REGISTERED AGENT MUST SIGN

Date 4/25/00

11. 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:

SIGNATURE REQUIRED
Lois Pike, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Pike

4/19/2000
Date

561-683-2832
Daytime Phone #

CR2E1-40 (8/99)