

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JAN 17 AM 0 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/17/14--01019--020 **857.50

DOCUMENT # N03000004754
1. Corporation Name

Cross Creek of Ormond Beach Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #
76 Vining Court

Suite, Apt. #, etc.
D

City & State
Ormond Beach, Florida

Zip Country
32176 United States

3. Mailing Office Address
1650 N. Ocean Shore Blvd.

Suite, Apt. #, etc.

City & State
Ormond Beach, Fl.

Zip Country
32176 United States

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
06/05/2003

5. FEI Number 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
Sally M. Frashuer

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

Suite, Apt. #, Etc.
Suite 405

City State Zip Code
Daytona Beach FL 32114

REINSTATEMENT
04-14

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: *Sally M. Frashuer* Date: 1/14/2014
REGISTERED AGENT MUST SIGN

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
PDT	Thomas Blawn	76 Vining Court-D	Ormond Beach, Florida 32176
D	Jackson Pascal	74 Vining Court-C	Ormond Beach, Florida 32176
D	Gerald Bagby	72 Vining Court-B	Ormond Beach, Florida 32176
D	Patricia Carduner	70 Vining Court-A	Ormond Beach, Florida 32176

10. E-mail Address: blawnt@bellsouth.net
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Thomas Blawn* Thomas Blawn 01/14/2014 386-441-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #