

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N23816

1. Corporation Name

THE CROSSINGS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

12013  
42000 STEPPINGSTONE BLVD  
TAMPA FL 33635  
US

Mailing Address

12013  
42000 STEPPINGSTONE BLVD  
TAMPA FL 33635  
US



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

12013 Steppingstone Blvd  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12013 Steppingstone Blvd  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/1987

5. FEI Number

59-2859411

Applied For

Not Applicable

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33635

Country

USA

Zip

33635

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1 STD	2 Germaise, Jeanne Jody	3 11936 42000 STEPPINGSTONE BLVD	4 TAMPA FL
VD	STEIN, FRANK	12112 STEPPINGSTONE BLVD	TAMPA FL
PD	EICHLER, WILMER	12013 STEPPINGSTONE BLVD	TAMPA FL 33635

400023871044  
10/17/03--01018--022 \*\*236.25

8. Name and Address of Current Registered Agent

Eichler, Wilmer  
GERMAISE, JEANNE  
12013 42000 STEPPINGSTONE BLVD  
TAMPA FL 33635

9. Name and Address of New Registered Agent

Name Wilmer Eichler  
Street Address (P.O. Box Number is Not Acceptable)  
12013 Steppingstone Blvd  
Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33635

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. or 617.0505, F.S.

Signature of  
Registered Agent

W. Eichler

REGISTERED AGENT MUST SIGN

Date

10/10/2003

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:

W. Eichler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/2003

Daytime Phone #

CR2E040 (7/03)