


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 95-97

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<h1 style="font-size: 2em;">FILED</h1> <p>97 JAN 24 AM 7:54</p> <p>SECRETARY OF STATE TALLAHASSEE FLORIDA</p>
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DOCUMENT # N94000000093

1. Corporation Name **Crosswinds Mobile Home Park, Inc.**

Principal Place of Business	Mailing Address
4125 Park St N ST PETERSBURG, FL 33709 4125 Park St N St. Petersburg, FL 33709	same

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

REINSTATEMENT ad
95-97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida	NOV 17 - 1994
5. FEI Number	59-1456110
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SB 79: Additional Fee required for a Certificate of Status.</small>	

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
Zip	Country	Zip	Country

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	WM HANIKEL D	4125 PARK ST N. LOT 309	ST PETERSBURG FL 33709
1st Vice	JOE CHARON D	4125 PARK ST N LOT 544	ST PETERSBURG FL 33709
Dir	WM RAMSEY D	4125 PARK ST N. LOT 10	ST PETERSBURG FL 33709
Sec	MARION RACCHARD	4125 PARK ST N LOT 742	ST PETERSBURG FL 33709
Treas	PEGGY KEICHER D	4125 PARK ST N LOT 436	ST PETERSBURG FL 33709

8. Name and Address of Current Registered Agent

JONATHAN J DAMONTE
 12110 SEMINOLE BLVD
 LARGO, FL 33778

9. Name and Address of New Registered Agent

Name: **Jonathan James Damonte**
 Street Address (P.O. Box Number is Not Acceptable): **12110 Seminole Blvd.**
 Suite, Apt. #, Etc.: **400002069574-4**
 City: **Seminole**
 Date: **01/28/97** Zip: **33778** Phone: **352-358-75**

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: Jonathan James Damonte Date: 1/10/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Peggy Keicher Treas. Date: 1-9-97 Daytime Phone #: 813-544-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (12/95)