PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORATIONS REINSTA **DOCUMENT #** P96000029366 97 NOV 24 PM 2: 48 1. Corporation Name CROSS EQUITIES, INC. Principal Place of Business Malling Address 1432 FIRST STREET. SUITE C 1432 FIRST STREET, SUITE C ATTN: PAIGE MCMICHAEL, ESQ. ATTN: PAIGE MCMICHAEL, ESO. SARASOTA FL 34236 SARASOTA FL 34236 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 829 W. DR. ML KING BLVD Sulte, Apt. #, etc. 3. Now Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 40 MCMICHAEL 04/02/1996 Suite, Apt. #, etc. P.O. BOx 426 5. FEI Number SUITE 101 Applied For 65-0723721 City & State Not Applicable LONGBOAT KEY, FL TAMPA, FLORIDA 32603 <u>sib</u> \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED HILLSBOROUGH 34228 MANATEE 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip Đ MCMICHAEL, PAIGE 1432-FIRST-STREET, SUITE C <del>Sarasota fl-34236</del> 701 HIDEAWAY BAY DRIVE CONGBOXT KEY, FC 34227 300002360293--8 -12/02/97--01026--001 \*\*\*\*\*750<u>.00 \*\*\*</u>\*\*750<u>.00</u> 160 REINSTATEMEN 6. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent MCMICINEC, PAICE,  $\leq 5Q$ .

Street Address (P.O. Box Number is Not Acceptable) MOMICHAEL, PAIGE ESQ. 1432 FIRST STREET, SUITE C JOI HIDE AWAY BAY DRIVE Sulte, Apl. #, Etc. SARASOTA FL 34236 4 State | Zip Code CONCRUTE KEY 34228 10. I, being appointed the registered agent of the above named corporation, agricultur with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on Intangible tax.) Intangible Personal Property tax due June 30. Yes L 12. 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 eminated, 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. 11/17/97 941/383-2028 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR