

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT -2 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

NO 000000722

1. Corporation Name

CROSS CREEK CHURCH, INC

200008182352--6

-10/03/02--01021--011

****297.50 ****297.50

2. Principal Office Address

1517 FIREWHEEL DR

3. Mailing Office Address

PO BOX 47405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL, FL

City & State

TAMPA, FL

Zip

33543-6560

Country

HILLSBOROUGH

Zip

33647-0112

Country

HILLSBOROUGH

REINSTATEMENT

01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/27/2000

5. FEI Number

59-3643609

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD B WHITE

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

1517 FIREWHEEL DRIVE

Suite, Apt. #, Etc.

City

WESLEY CHAPEL

State
FL

Zip Code

33543-6560

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

Date

9/23/02

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
DIR	RICHARD B WHITE	1517 FIREWHEEL DRIVE	WESLEY CHAPEL, FL 33543
DIR	JASON SOWELL	18002 RICHMOND PLACE #122	TAMPA, FL 33647
DIR	ANNETTE BAKER	9335 HUNTINGTON PARK WAY	TAMPA, FL 33647

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/02

Daytime Phone #

813-977-1264

CR2E031 (9/01)

9/23/02