

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

332461

Cross Dock, Inc

2. Principal Office Address - No P.O. Box #

315 N Copeland St.

Suite, Apt. #, etc.

C-1

City & State

Tallahassee, FL

Zip

32304

Country

US

3. Mailing Office Address

315 N Copeland St.

Suite, Apt. #, etc.

C-1

City & State

Tallahassee FL

Zip

32304

Country

US

7. Name and Address of Current Registered Agent

Name

James Williams II

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

315 N Copeland St.

Suite, Apt. #, Etc.

C-1

City

Tallahassee

State

FL

Zip Code

32304

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

James Williams II
REGISTERED AGENT MUST SIGN

Date

11/5/08

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
PD	James Williams	315 N Copeland St Suite C-1	Tallahassee, FL 32304
VP	James Williams II	315 N Copeland St Suite C-1	Tallahassee, FL 32304

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 contained in Chapter 119, 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: James Williams II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/08 (850)-391-2952
Date Daytime Phone #

FILED

08 NOV -7 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800137738018

11/07/08-01016-026 **900.00

REINSTATEMENT 07-08 KS

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1968

5. FEI Number

591216566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.