

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
96 NOV 19 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **755979**

1. Corporation Name

**CROSSROADS OF LIFE CHURCH, INC.**

Principal Place of Business

Mailing Address

10800 SANDALFOOT BLVD.  
BOCA RATON FL 33428  
US

~~2800 GATEWAY DR~~  
POMPANO BEACH FL 33069  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT **96**

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/1981

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	DAVIS, MARK T	2800 GATEWAY DRIVE	POMPANO BEACH FL
VD	COY, ROBERT J	7900 NW 19 STREET	MARGATE FL
SD	DAVIDSON, TIM	4832 POSEIDON PLACE	LAKE WORTH FL

188882012291-6  
-11/22/96--01027-020  
\*\*\*236.25 \*\*\*236.25

**Bill-21-96**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, MARK T  
~~2800 GATEWAY DRIVE~~  
POMPANO BEACH FL 33069

Name

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

2900 Gateway Drive  
Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **9-20-96**

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 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)(f), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**954-977-9673**

Daytime Phone #