

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -4 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F2000005578

1. Corporation Name

Crossmark Construction, Inc.

2. Principal Office Address

7857 E. 88th St.

3. Mailing Office Address

7857 E. 88th St.

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Indianapolis, IN

City & State

Indianapolis, IN

Zip

46256

Country

USA

Zip

46256

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/02

5. FEI Number

35-2067849

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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 M. Halpin*

James M. Halpin  
Assistant Secretary

Date

2/20/04

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
P	Richard Hood	2601 N. Arlington Ave.	Indianapolis, IN 46218
ST	Richard Hood	2601 N. Arlington Ave.	Indianapolis, IN 46218

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:

*Richard Hood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard Hood, Pres, Sec, Treas.

02/16/04

Date

317-546-9600

Daytime Phone #

CR2E081 (10/02)



# CROSSMARK CONSTRUCTION, INC.

7857 E. 88th St., Suite B, Indianapolis, IN 46256  
Office: (317) 596-2850 - Fax (317) 596-2830

February 16, 2004

Department of State Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

RE: Corporation Reinstatement

I did not receive the 2003 Uniform Business Report notices.

I did request a copy of the required report. The completed report is enclosed along with our payment in the amount of \$308.75 which represents fees for 2003, 2004, and a Certificate of Status fee.

We have corrected our address information.

I am requesting that you waive the reinstatement fee of \$600.00 at this time.

Thank you for your consideration.

Sincerely,

Richard Hood  
President

cc: File