

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 NOV 19 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000004770

1. Corporation Name

CROSS CONNECTION COMMUNICATIONS, INC

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

11137 DAYTON PIKE

Suite, Apt. #, etc.

3. Mailing Office Address

11137 DAYTON PIKE

Suite, Apt. #, etc.

City & State

SODDY DAISY, TN

City & State

SODDY DAISY, TN

Zip

Country

37379

Zip

Country

37379

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
75-3121947

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RUSSELL, DENNIS

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

246 SIX POND TRAIL

Suite, Apt. #, Etc.

City

GREEN COVE SPRINGS

State

FL

Zip Code

32043

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.

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

REGISTERED AGENT MUST SIGN

Date

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	DONALD L. CROSS, JR.	11137 DAYTON PIKE	SODDY DAISY, TN 37379
S	KAREN E. CROSS	11137 DAYTON PIKE	SODDY DAISY, TN 37379

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11/19/08 01031-027 ***150.00

10. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/08 423 332-6006

11/20/08