

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
2001 UBR

FILED

01 OCT 22 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002400

1. Corporation Name

CROSSLAND PROPERTIES, INC.

Principal Place of Business

Mailing Address

9811 MALLARD DR #213
LAUREL MD 20708

9811 MALLARD DR #213
LAUREL MD 20708



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

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1996

5. FEI Number

52-1763482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 3	City / State / Zip 4
D	PRAGER, JON J	9811 MALLARD DR #213	LAUREL MD 20708
DV	BENNETT, JOSEPH A	4020 HUCKLEBERRY ROW	ELLICOTT CITY MD 21043
S	COOK, MICHAEL S	6609 TULIP HILL TERR	BETHESDA MD 20816
			700004679597--0 -11/15/01--01002--019 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

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

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED
MICHAEL S COOK

Date

Daytime Phone #

10/19/01

301-726-0200

Property Investments

Suite 213
9811 Mallard Drive
Laurel, MD 20708-3143
(301) 725-0200
(301) 953-2860
FAX 953-2213

2012

October 17, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Reference: Crossland Properties, Inc.
Document #F96000002400
FEI #52-1763482

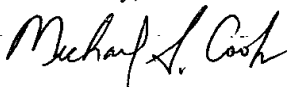
To Whom It May Concern:

We have just received a Notice of Administrative Dissolution or Revocation for:

Crossland Properties, Inc.
9811 Mallard Drive, Suite 213
Laurel, MD 20708

We never received the first notice requesting the report and payment. We would appreciate it if you would reinstate us. A check for \$150.00 and the report is attached.

Sincerely,



Michael S. Cook

