

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 SEP 15 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F9600004612**

1. Corporation Name

CrossHost, Inc.

Principal Place of Business

**6116 N. Central Expwy
#1313
Dallas, Tx 75206**

Mailing Address

**6116 N. Central Expwy
#1313
Dallas TX 75206**

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

4. Date Incorporated or Qualified
To Do Business in Florida **9/9/96**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

75-2696061

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	Michael Menulky	6116 N. Central Expwy #1313	Dallas, Tx 75206
V.P.	Bona K. Allen	6116 N. Central Expwy #1313	Dallas Tx 75206
Director	William Birdsall	6116 N. Central Expwy #1313	Dallas Tx 75206
Director	Brian Rogers	6116 N. Central Expwy #1313	Dallas Tx 75206
Director	Rob Dixon	6116 N. Central Expwy #1313	Dallas Tx 75206

200002989452--2
-09/17/99--01004--011
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**NRAI Services, Inc.
526 E Park Ave
Tallahassee, FL 32301**

Name

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

Suite, Apt. #, Etc.

City

200002989452--2

-09/17/99--01004--012

*****900.00 *****900.00

State

Zip Code

FL

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

See attachment for signature
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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)(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:

Bona K. Allen, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99
Date

214-750-0760
Daytime Phone #

NRAI Services, Inc., being appointed the registered agent of CROSSHOST, INC., am familiar with and accept the obligations of Section 607.0505. F.S.

Delanie Lundgren

NRAI Services, Inc.

By: Delanie Lundgren, Asst. Secretary

9-15-99

Date