

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -9 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004612

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

1640 SCHOOL ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1640 SCHOOL ST.

Suite, Apt. #, etc.

City & State

MORAGA CA

Zip

94556

Country

USA

City & State

MORAGA, CA

Zip

94556

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1996

5. FEI Number

75-2696061

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
PD	MCMULTY, MICHAEL S LE PATTERSON	6116 N. CENTRAL EXPWY #1313 1640 SCHOOL ST.	DALLAS TX 75206 MORAGA CA 94556
D	BIRDSALL, WILLIAM GLEN FULLER	6116 N. CENTRAL EXPWY #1313 1640 SCHOOL ST.	DALLAS TX 75206 MORAGA CA 94556
VP	ALLEN, DONALD GLEN FULLER	6116 N. CENTRAL EXPWY #1313 1640 SCHOOL ST.	DALLAS TX 75206 MORAGA CA 94556
D	ROGERS, BRIAN	6116 N. CENTRAL EXPWY #1313	DALLAS TX 75206
D	DIXON, ROB	6116 N. CENTRAL EXPWY #1313 1640 SCHOOL ST.	DALLAS TX 75206 MORAGA CA 94556

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

400003745454-9
-02/21/01--01065--024
****150.00 ****150.00
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

Ed Handwritten Signature

REGISTERED AGENT MUST SIGN

Date

2/8/01

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #