PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION   |   |
|---------------|---|
| REINSTATEMENT | ľ |



## FLORIDA DEPARTMENT OF STATE Secretary of State **DIVISION OF CORPORATIONS**

04 MAR 29 AM 9: 24

SECRETARY OF STATE TALLAHASSIE, FLORIDA

| DOC<br>1. Corpor | UMENT                     | Γ# <del>Γ</del> | 990          | 2000                                  | 204                      | 959                                |  |                     |                  |  |           |                      |   |               |          |                 |
|------------------|---------------------------|-----------------|--------------|---------------------------------------|--------------------------|------------------------------------|--|---------------------|------------------|--|-----------|----------------------|---|---------------|----------|-----------------|
|                  | CRC                       | SSLI            | iTUF         | C PI                                  | artn                     | ers, I                             | NC.                                    |                     |                  |  |           | <b>1 34</b><br>1700: |   | 1<br>608. 1   | 75       |                 |
| 2. Princip       | al Office Addre           | 388             | <del></del>  | 3                                     | - Mailing (              | Office Address                     |  |                     |                  | er anges and "                                   | - T       | TRA .                | TIE                                     |               |          |                 |
| 121              |                           |                 | treet        |                                       | <b>.</b>                 | saw                                |  | t                   | REIN             | AIZ  | 17        |                      | \$4 r 🐃                                 |               | 7.71     | 41              |
| Suite, Apt.      |                           | 11 2            | 11000        |                                       | ite, Apt. #              |                                    | 16                                     | •                   | 52-54 a.         |  |           |                      |   | $\mathcal{O}$ | 1-0      | 7               |
|                  | ۴                         |                 | <b>&gt;</b>  |                                       |                          |                                    |  | 1                   | 4. Date inco     | rporated or                                      | Qual      | ified                |   |               |          | 1               |
| City & State     | 9                         |                 |              | Ci                                    | ty & State               |                                    |  |                     | To Do Bu         | siness in <u>Fi</u>                              | orida     | <u> </u>             | 24-9                                    | 9-            |          | -               |
| Cleo             | uwate                     | c F             | L            | ļ                                     |                          |                                    |  | ſ                   | 5. FEI Numb      |  |           | · · ·                |   | Applied       | For      |                 |
| Zip              | (1 00 <b>0</b> ) 1 0      | Country         |              | Zi                                    | <b>)</b>                 |                                    | Country                                |                     |                  | <u> 3433</u>                                     | , 4       | 86/                  |   | Not Ap        | plicable |                 |
| 337              | 156                       | u.              | S. A.        |                                       |                          | :                                  | •                                      |                     | 6.<br>CERTIFICAT | E OF STATE                                       | JS DE     | SIRED V              | 8.75 Addil<br>for a Cer                 | lional Fee    | required |                 |
|                  | T .                       |                 |              |                                       | 7. 1                     | Name and Ad                        | dress of Curren                        | nt Registered       | 1 Acent          |  | _         |                      | 107 21 ÇE1                              | incate of     | Justus   |                 |
|                  | Name                      | ~~              |              |                                       |                          |                                    |  |                     |                  |  |           |                      |   |               |          |                 |
|                  |                           |                 |              | AUU                                   |                          | RQUE                               | <u>S</u>                               |                     |                  |  |           |                      |   |               |          |                 |
|                  | Street Add                | ress (P.O. I    | Box Numb     | er is Not Ac                          | ceptable)                | 1212                               | Court                                  | Cica                |                  |  |           |                      | ****                                    |               |          |                 |
|                  | Suite, Apt.               | #, Etc.         |              |                                       |                          | 1010                               | COULT                                  | STIE                | <u>, 67</u>      |  |           | <del></del>          | • |               |          |                 |
|                  |                           |                 | E            | · · · · · · · · · · · · · · · · · · · |                          |                                    |  |                     |                  |  |           |                      |   |               |          |                 |
|                  | City                      | Cle             | arw          | ater                                  |                          |                                    |  |                     |                  | State  | Zij       | 337                  | 56                                      |               |          |                 |
| 8. I, being      | appointed the             | registered      | agent of ti  | he above na                           | med corpo                | ration, am fai                     | miliar with and ac                     | cept the obli       | cations of sect  | ion 607.05                                       | 05 or     |                      |   |               |          | ફ્રે            |
| Signature o      | of                        |                 |              |                                       |                          |                                    |  |                     | _                |  |           |                      |   |               |          | CR2E081 (01/04) |
| Registered       | Agent                     |                 |              | REGIST                                | TERED AG                 | ENT MUST S                         | agn                                    | -                   |                  | Date   | -3        | 1110                 | ٩                                       |               |          | RZEO            |
| 9. Names         | s and Street Ad           | dresses of      | Each Offic   |                                       |                          |                                    | corporations mu                        | est liest est le ne | • O elimento \   |  |           | <del></del>          |   | -             |          | ľ               |
| Titles           |                           |                 | Name of      |                                       | arootor (i ic            | maa nonprotti                      | Street Addre                           |                     | ( 3 directors)   | <del>                                     </del> |           |                      |   |               |          |                 |
|                  | Officers and/or Directors |                 |              |                                       |                          | Officer and/                       | city / State / Zip                     |                     |                  |  |           |                      |   |               |          |                 |
| -5/1             | A                         | ONA             | -MA          | RQU                                   | ۶ ۲                      | เลเล                               | Court                                  | Ctron               | ı ıı c           | Cla  | ~~~       | مامد                 | . Ei                                    | 22.5          | 15/      |                 |
| М                | 1                         |                 |              |                                       |                          |                                    |  |                     | •                |  |           | wate                 | •                                       | •             |          |                 |
| · · · · · ·      | wit                       | <u> 411</u>     | <u>V 0.0</u> | CALLA                                 | 6HAP                     | 1212                               | COUST                                  | Stree               | + HE             | Ue   | αυ        | wate                 | C, FL                                   | 337           | 156      |                 |
| NP               | ALE                       | X DE            | FULG         | ENTIS                                 | ,                        | 1212                               | COUA                                   | Stree               | +, # E           | Cle  | αιι       | vale                 | er Fr                                   | 373           | 156      |                 |
| P                | EVA                       | NK              | CEHA(        | લાં AS                                |                          | 1212                               | COUA                                   | Skee                | 1 #E             |  |           |                      | •                                       |               |          |                 |
|                  |                           | <u></u>         | <u> </u>     | 01110                                 | •                        | 10.0                               | 4011                                   | 21102               | 7 AC             | uu   | <u>uu</u> | vater                | 12                                      | <u>351</u>    | 56       |                 |
|                  | <u> </u>                  |                 |              |                                       |                          | <u> </u>                           |  |                     | ·                |  |           |                      |   | <del></del>   |          |                 |
|                  |                           |                 |              |                                       |                          | •                                  |  |                     |                  |  |           |                      |   |               |          |                 |
| 10. I certify    | that I am an o            | flicer or din   | ector or the | e receiver o                          | trustee en               | powered to e                       | xecute this appli                      | cation as pro       | vided for in cha | oter 607 o                                       | r 617     | ES I furthe          | er certify the                          | et when fi    | ling     |                 |
| owed b           | y the corporati           | on have be      | en paid an   | of dissolution<br>and the name:       | ı nas been<br>sofindivid | eiiminaise), u<br>vals listed on t | ne corporate nam<br>this form do not o | e satisfies the     | e requirements   |  |           |                      |   |               |          |                 |
| on this          | application is to         | rue and acc     | urate and    | d my signatu                          | re shall ha              | ve the same l                      | egal effect as if m                    | nade under o        | ath.             | w oociiui  | 1 18.U.   | (13)(1), F.S.        | i ile imonni                            | suon indic    | ateq     |                 |
|                  |                           |                 | Nh 1         |                                       |                          |                                    |  |                     |                  | , ,  |           |                      |   |               |          |                 |

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SIGNATURE AND T D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/11/04 Date

(727) 441- 4442 Daytime Phone #



March 11, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Document # F99000004959 - Crosslantic Partners, Inc.

Dear Examiner;

Attached please find our Corporation Reinstatement Form, along with the required fees of \$608.75 (\$150 for each year, since September of 2001, when corporation was revoked for annual report; plus \$8.75 for a Certificate of Status).

Please note that the only reason this corporation was revoked is due to the fact that the Annual Report was never received. In April of 2001, the Company and its registered agent moved from their previous office located at 400 Cleveland Street, Clearwater, FL 33755, to their current address located at 1212 Court Street, Suite #E, Clearwater, FL 33756. Due to this oversight and as per the Division's instructions, the reinstatement fee of \$600 should be waived.

Please feel free to contact the undersigned should you have any questions regarding the above. Thank you for your prompt attention to this matter.

Sincerely,

Ama Marques

Secretary

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