

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 14 AM 11: 20

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



REINSTATEMENT

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DOCUMENT # **K17914**

1. Corporation Name

CROSSLAND SALES, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 597~~
ALACHUA FL 32016

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ALACHUA FL 32016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
P.O. BOX 140576
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P.O. BOX 140576
 Suite, Apt. #, etc.

City & State
GAINESVILLE, FL.
 Zip **32614** Country **USA**

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GAINESVILLE, FL.
 Zip **32614** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

03/07/1988

5. FEI Number

59-2881424

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	MCGUILLAN, GREGORY T. RESIGNED	1805 SW 12TH ST	GAINESVILLE FL 32601
VP	MCGUILLAN, MADELINE L. DECEASED	RT 241	ALACHUA FL 32015
PVP, S.T.	MCGUILLAN, ARTHUR J.	RT 20, BOX 709 600003515146	LAKE CITY, FL 32055 600003515146--7 -12/28/00--01013--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~MCGUILLAN, GREGORY T.~~
1805 S W 12TH STREET
P.O. BOX 140576
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name **ARTHUR J. MCGUILLAN**
 Street Address (P.O. Box Number is Not Acceptable)
RT 20, BOX 709
 Suite, Apt. #, Etc.
 City **LAKE CITY** State **FL** Zip Code **32055**

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

11/16/2000

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.

KE

SIGNATURE:

REGISTERED AGENT MUST SIGN
ARTHUR J. MCGUILLAN
P-VP-S.T.

Date

11/16/2000

Daytime Phone #

904-754-7228