

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 15 AM 8:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K48331

1. Corporation Name

Crossfields Corp.

000139015660
12/15/08--01027--024 **1200.00

2. Principal Office Address - No P.O. Box #

39 Andrews Way

Suite, Apt. #, etc.

City & State

Kingsland, GA

Zip

31548

Country

USA

3. Mailing Office Address

39 Andrews Way

Suite, Apt. #, etc.

City & State

Kingsland, GA

Zip

31548

Country

USA

REINSTATEMENT 05-08
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 11/18/1998

5. FEI Number
22-3283200

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frank J. D'Anna

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

1268 Quattlefield Lane

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Debra B. D'Anna
REGISTERED AGENT MUST SIGN

Date 12-05-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|----------------------------|
| PD | Frank J. D'Anna | 1268 Quattlefield Lane | Fernandina Beach, FL 32034 |
| VST | Mauro D'Anna | 1268 Quattlefield Lane | Fernandina Beach, FL 32034 |
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10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank J. D'Anna Frank J. D'Anna

Date

12-05-08

Daytime Phone #

1-904 4152610

12/16