

183.75
192
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

REINSTATEMENT 02-04
MRD

DOCUMENT # N01000003883

1. Corporation Name

Cross City Communications, Inc.

2. Principal Office Address

192 SE 21st Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1394

Suite, Apt. #, etc.

City & State

Cross City, FL

City & State

Cross City, FL

Zip

32628

Country

USA

Zip

32628

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/05/2001

5. FEI Number

32-0118465

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

William Terry Sumrall

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

192 SE 21st Ave

Suite, Apt. #, Etc.

City

Cross City

State

FL

Zip Code

32628

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

William T Sumrall

REGISTERED AGENT MUST SIGN

Date June 4, 04

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
DV	Jean McLeod	1082 SW 351 Hwy	Cross City, FL 32628
DV	Diana Locke	128 SE 92 nd Avenue	Cross City, FL 32628

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 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:

William Terry Sumrall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4, 04

Date

352-498-3078

Daytime Phone #

CR2E081 (07/04)

292

6-4-04

Dear Sir:

Thank you for talking with me on the phone. My address was wrong on these papers. Now everyone here has new 911 addresses. I get my mail at the P.O. Address. I didn't know the corporation was on the inactive file.

I assumed the person helping us get all this in order had done that for us. I applied today and got our EIN. We used today's date as application date and I think maybe as the start of business date.? (not sure) . Hope that was alright?? I can change it on the form she sends me if I need to.

I am sending the amount you told me - \$183.75. If this is not correct or we need to make any more adjustments please call. 352-498-3078. Thank you so much for your help. We just want to get this back in order and keep up with everything.

Sincerely,



Terry Sumrall
Cross City Communications
32-0118465