PLEASE READ ALL INSTRUCTIONS BEFORE

APPROVED AND FILED
05 MAR 14 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000004888

REINSTATEMENT 03-05 MRD

1. Corporation Name
Cross Walk Center for Youth & Community Development Inc

2. Principal Office Address	3. Mailing Office Address
510 S Lawrence Blvd	510 S Lawrence Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Keystone Hgts FL	City & State: Keystone Hgts FL
Zip: 32656 Country: USA	Zip: 32656 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/19/03

5. FEI Number: 412031524 ☐ 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: James J Taylor, Jr 300048825663

Street Address (P.O. Box Number is Not Acceptable): 420 South Lawrence Boulevard 03/22/05--01003--024 **35.75

Suite, Apt. #, Etc.:

City: Keystone Hgts State: FL Zip Code: 32656

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: [signature] Date: 3/11/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
Pres.	Melanie M Grogan	6275 Payne Rd.	Keystone Hgts. FL 32656
V. Pres.	Robin Garvey	6800 Spring Lake Rd	Keystone Hgts FL 32656
M	Robert Sterling	1105 Paradise Rd	Keystone Hgts. FL 32656
M	Rowena Frazel	1160 Mallard Rd	Grandin FL
M	Cindy Judson	1161 Gasline Rd	Keystone Hgts. FL 32656

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: [signature] Melanie M Grogan 3/11/05 352-473-5131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #