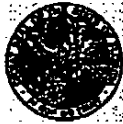


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 10:05

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000005942**

1. Corporation Name

**Crossroads Park of Commerce Property
Owners' Association, Inc**

JANE Cornett Esq. Jo Ann Cadrean Bookman

REINSTATEMENT 04-05

772-283-5005

2. Principal Office Address

Cornett-Google & Assoc P.A.

**Suite, Apt. #, etc.
401 E. Osceola St
First Floor**

City & State

Stuart, FLA

Zip

34994

Country

Martin

3. Mailing Office Address

2229 S. KRAMER 1. WY

Suite, Apt. #, etc.

Attn: Jo Ann Cadrean

City & State

Stuart FLA

Zip

34994

Country

Martin

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/04/02

5. FEI Number

030487759

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

Jane L. Cornett, Esquire

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

Cornett, Google & Associates, P.A

Suite, Apt. #, Etc.

401 E. Osceola Street

City

Stuart

State

FL

Zip Code

34994

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**

REGISTERED AGENT MUST SIGN

Date 3/15/05

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 ^D	Richard E. Bonvic	4567 W. Tradewind Ave	L.B.O. Sea FLA 33308
V/P ^D	Barney Hauptfuehrer	4000 N AIA Apt 502	FT Pierce, FLA 34949
Secy ^D	JAMES CAKR	514 B S.E PortSt Lucie Blvd	PortSt Lucie, FLA 34984
Treas ^D	Lee Gould	5201 Okachobee Road	FT. Pierce FLA 34947

**500049556285
03/31/05--01004--019 **297.50**

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] per D. 3/11/05 954-772-6633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-
286-
2990

CR 2004 (04/05)