FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 10:05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000005942

REINSTATEMENT 04-05

1. Corporation Name
Crossroads Park of Commerce Property Owners' Association, Inc

JANE Cornett Esq/JoAnn Cadreau Bookkeeper — 772-283-5005

772-286-2490

2. Principal Office Address	3. Mailing Office Address
Cornett-Googe & Assoc PA	2229 S. Kanner Hwy
Suite, Apt. #, etc.: 401 E. Osceola St First Floor	Suite, Apt. #, etc.: Attn: JoAnn Cadreau
City & State: Stuart, FLA	City & State: Stuart · FLA
Zip: 34994 Country: Martin	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, Googe + 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: _____ Date: 3/15/05

REGISTERED AGENT MUST SIGN

CR2E084 (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/D	Richard E. Bonvie	4567 W. Treadwind Ave	L.B.T.Sea FLA 33308
V/P/D	Barney Hamptfuhrer	4000 N AIA #502	Ft Pierce, FLA 34949
Sec/D	James CARR	514 B S.E Port St Lucie Blvd	Port St Lucie, FLA 34984
Tres/D	Lee Gould	5201 Okeechobee Road	Ft. Pierce FLA 34947

SP000149556255
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: Richard E. Bonvie pres/D. 3/11/05 954-772-6633

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