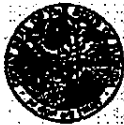


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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 Cadreanu Bonvicini

2. Principal Office Address

Cornett, George & Assoc P.A.

3. Mailing Office Address

2229 S. KRAMER P. WY

Suite, Apt. #, etc.

401 E. OSCEOLA ST
FIRST FLOOR

Suite, Apt. #, etc.

ATTN: JO ANN CADREANU

City & State

Stuart, FLA

City & State

Stuart, FLA

Zip

34994

Country

Martin

Zip

34994

Country

Martin

REINSTATEMENT 04-05

712-283-5605

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/02

5. FEI Number

030487759

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SB 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, George & 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

[Signature]

Date

3/15/05

REGISTERED AGENT MUST SIGN

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	Richard E. Bonvic	4567 W. TRADEWIND AVE L.B.O.T. SEA	FLA 33308
V/P	BARRY HAUPTFUHRER	4000 N AIA APT 502	FT PIERCE, FLA 34949
Secty	JAMES CARR	514 B S.E. PORT LUCIE BLVD	PORT ST LUCIE, FLA 34984
Treas	LEE GOULD	5201 OKTCHOBEE ROAD	FT. PIERCE FLA 34947

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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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05

Date

954-772-6633

Daytime Phone #

772-
286-
2490

CR 28.041 (03/05)