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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A
Account Number : 076077000521
Phone : (954)527-2428
Fax Number : (954)333-4001

Please give me the original filing date of 05-11-09. Thanks!

CORPORATION REINSTATEMENT

DM/41 CROSSROADS ASSOCIATION, INC.

Certificate of Status	1
Certified Copy	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 11 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

DOCUMENT # N04000008237

1. Corporation Name
DM/41 Crossroads Association, Inc.

CR2E081 (12/08)

2. Principal Office Address - NO P.O. Box #
2956 Wentworth Way
Suite Apt #, etc.

3. Mailing Office Address
833 Kenmoor Ave., SE
Suite, Apt #, etc.

City & State
Tarpon Springs, FL Grand Rapids, MI

Zip **Country**
34688 USA 49546 USA

4. Date incorporated or Organized To Do Business in Florida 08/24/2004

5. FEI Number 20-8944332 **Applied For** NOT APPLICABLE

6. CERTIFICATE OF STATUS DESIRED **68.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

City **State** **Zip Code**
Plantation FL 33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I being appearing 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 *Mackenna Cuddihy* **Date** 5-11-09

REGISTERED AGENT MUST SIGN *Mackenna Cuddihy*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
DST	Bob Hagman	P.O. Box 443	Land O'Lakes, FL 34639
DP	Russell E. Kniff	833 Kenmoor Ave., SE	Grand Rapids, MI 49546
DVP	Sean Casey	2001 SE 10th Street	Bentonville, AR 72716

10. I certify that I am an Officer or Director of the receiver or trustee empowered to execute the 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 607.0407 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 contained in Chapter 119, F.S. The information received on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Russell E. Kniff* **Date** 5/5/2009 **Telephone** 616-940-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Russell E. Kniff

Russell E. Kniff

DC 5/15

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