

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *NO4000004578*

1. Corporation Name

The Cross Pensacola Inc

2. Principal Office Address - No P.O. Box #

3844 N Davis Hwy

3. Mailing Office Address

3844 N Davis Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32503

Country

USA

Zip

32503

Country

USA

7. Name and Address of Current Registered Agent

Name

Jon Mark Olesky

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

9822 Hollowbrook Dr

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

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FLORIDA DEPARTMENT OF STATE

TALLAHASSEE, FL

700004578

06/02/20--01029--013 ++358.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/2009

5. FEI Number

27-0184471

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

Jon Mark Olesky

REGISTERED AGENT MUST SIGN

Date *5/26/2020*

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
D	Jon Mark Olesky	9822 Hollowbrook Dr	Pensacola FL 32514
D	Kent Langham	814 Hanover Dr	Pensacola FL 32526
D	Michael McClure	315 Tree Swallow Dr	Pensacola FL 32503

10. E-mail Address: *jeffbentley@jbb-cpa.com*

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Jonathan Olesky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/2020

Date

Daytime Phone #