PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 10 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14091

1. Corporation Name

CROSS ROADS WILDERNESS INSTITUTE, INC.

11/15/02--01052--002 **175.00

Principal Place of Business	Mailing Address
45991 BERMONT ROAD PUNTA GORDA FL 33982	ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/28/1986

5. FEI Number: 59-2661387 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
T	DEVANE, HOWARD	8000 STATE ROAD 31	PUNTA GORDA FL 33982
T	WENZEL, MR ROBERT	9400 PIPER ROAD	PUNTA GORDA FL 33982
T	HANSON, LENITA	2400 HARBOR BLVD, STE 9	PT CHARLOTTE FL 33952
T	HAYMANS, HONORABLE KENT	9160 BURNSTORE RD	PUNTA GORDA FL 33950
T	LEE, FRANK	314 TAYLOR ROAD	PUNTA GORDA FL 33950
T	MONCK, RONALD	1433 KENSINGTON STREET	PT CHARLOTTE FL 33952

8. Name and Address of Current Registered Agent

HULL, DAVID J
SMITH, HUSLEY, & BUSEY
225 WATER STREET, STE 1800
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

12/30/02--01050--011 **61.25

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/22/02
REGISTERED AGENT MUST SIGN

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., 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 REQUIRED — Date: 11/5/02

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