

APPROVED
AND
FILED

1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL 11 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # N35452

1. Corporation Name

Cross Roads Mission, Inc.

2. Principal Office Address

2410 Monte Carlo Tr.

Suite, Apt. #, etc.

3. Mailing Office Address

2410 Monte Carlo Tr.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32805

Country

US

Zip

32805

Country

US4. Date Incorporated or Qualified
To Do Business in Florida1989

5. FEI Number

29-3018078

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paula D. Forrest

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

2410 Monte Carlo Trail

Suite, Apt. #, etc.

FL

City

OrlandoState
FL

Zip Code

32805

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 AgentPaula Forrest

REGISTERED AGENT MUST SIGN

Date

July 7, 2005

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	<u>Paula D. Forrest</u>	<u>2410 Monte Carlo Tr.</u>	<u>Orlando, FL 32805</u>
VP	<u>DR. Charles Dean Satter</u>	<u>3464 Dami-Fitz Court</u>	<u>Orlando, FL 32805</u>
Secy	<u>Mr. Clinton H. Satter</u>	<u>3464 Dami-Fitz Court</u>	<u>Orlando, FL 32805</u>

000057895400
07/26/05--01019--017 **183.75

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:

Paula Forrest (Paula Forrest)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 7, 2005

Date

Telephone #

2/2

2410 Monte Carlo Trail
Orlando, Florida 32805
July 7, 2005

Florida Department of State
Secretary of State
Division of Corporations

Re: Reinstatement

Dear Sir or Madam:

We are contacting you concerning reinstatement and amendment (#N35452) of our corporate charter. Please find enclosed the amended address for Registered Agent, Paula Forrest, which will ensure all communications with our corporation. Previous mailings were not received due to incorrect address for registered agent.

We are enclosing designated reinstatement fee(s) of \$183.75 in addition to \$35.00 amendment fee and \$8.75 for certified document copy.

Thank you very much.

Yours truly,


Paula D. Forrest

Enclosures:

Cc: Dr. Charlie Jean Salter, Vice President
Mr. Clinton L. Salter, Secretary