

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 26 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N35432*

1. Corporation Name

*CrossRoads Community Revitalization &
Development, Inc.*

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

2410 Monte Carlo

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 555674

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando Fla.

Zip

32805

Country

US

Zip

32805

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11-27-89

5. FEI Number

59-3018078

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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.

City

Orlando

State

FL

Zip Code

32805

☒ 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 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

Paula D. Forrest

REGISTERED AGENT MUST SIGN

Date *9/26/2008*

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
<i>Pres.</i>	<i>Paula D. Forrest</i>	<i>P.O. Box 555674</i>	<i>Orlando, FL 32805</i>
<i>V.P.</i>	<i>DR. Charles J. Satter</i>	<i>3464 Domi-Fitz Ct.</i>	<i>Orlando, FL 32805</i>
<i>Secy</i>	<i>Clinton L. Satter</i>	<i>3464 Domi-Fitz Ct</i>	<i>Orlando, FL 32805</i>

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 contained in Chapter 119, 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 D. Forrest (Paula Forrest)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/08

Date

407 405 0140

Daytime Phone #