

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 21 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 35452

1. Corporation Name

CROSS ROADS COMMUNITY REVITALIZATION
AND DEVELOPMENT, INC.

800166827518
01/21/10--01030--006 **131.25

CR2E081 (11/09)

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

2410 MONTE CARLO TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 555674

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32805

Country

U.S.

City & State

ORLANDO, FL.

Zip

32855

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11-27-1989

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 CLINTON L. SALTER

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

3464 DOMI-FITZ COURT

Suite, Apt. #, Etc.

City ORLANDO, FL.

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

CLINTON SALTER

REGISTERED AGENT MUST SIGN

Date 1/20/2010

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
PR.	PAULA D. FORREST	P.O. Box 555674	ORLANDO, FL. 32805
VP.	DR. CHARLES J. SALTER	3464 Domi-Fitz Ct	ORLANDO, FL. 32805
Secy/PR.	CLINTON SALTER	" "	" "

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13 1/21/10

10. E-mail Address: PhaithWalker@netzero.net

(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., 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.

SIGNATURE

CLINTON SALTER 1/20/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407/616-9725