

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 23 PH 3:06

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **N35452**

**1. Corporation Name**

**Crossroads Mission, Inc.**

400009784904  
01/02/03--01038--012 \*\*428.75

**REINSTATEMENT**

**1999-2000**

**2. Principal Office Address**

**400 N. Parramore**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**3408 Waller Pl.**

Suite, Apt. #, etc.

**City & State**

**Orlando Fl.**

**City & State**

**Orlando, Fl.**

**Zip**

**32805**

**Country**

**US**

**Zip**

**32805**

**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**

**MRS. MAVIS STARKS**

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

**3408 WALLER PLACES**

**Suite, Apt. #, Etc.**

**City**

**ORLANDO**

**State**

**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 Agent**

**Mavis K Starks**

**Date Dec. 23, 2002**

**REGISTERED AGENT MUST SIGN**

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>Pres.<sup>D</sup></b>	<b>MAVIS STARKS</b>	<b>3408 WALLER PL. / ORLANDO</b>	<b>ORLANDO, FL 32805</b>
<b>Vice Pres.<sup>D</sup></b>	<b>MRS. CHARLIE JEAN SAUER</b>	<b>3464 DOMI-FITE CT.</b>	<b>ORLANDO 32805</b>
<b>Dir.</b>	<b>ERNEST PAGE</b>	<b>4271 SCHANK COURT</b>	<b>ORLANDO, FL 32811</b>
<b>Sec.<sup>D</sup></b>	<b>PAULA FORREST</b>	<b>2410 MONTE CARLO TRAIL</b>	<b>ORLANDO, FL 32805</b>

**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)(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]**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**12/23/02 407/822-1003**  
**Date Daytime Phone #**

CR2E081 (9/01)