


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FORM 95-97 REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<b>APPROVED AND FILED</b>  <b>97 JUL 31 PM 4:19</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>
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**DOCUMENT #** *N36294*

1. Corporation Name

**St. Lucie Crossroads Owners Association, Inc.**

Principal Place of Business

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable <b>100 S. Second Street</b> Suite, Apt. #, etc.  City & State <b>Ft. Pierce, FL</b> Zip <b>34950</b> Country <b>USA</b>	3. New Mailing Address, If Applicable <b>c/o Jerry Overton</b> Suite, Apt. #, etc. <b>P.O. Box 249</b> City & State <b>Ft. Pierce, FL</b> Zip <b>34954</b> Country <b>USA</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>1-19-90</b>  5. FEI Number <b>58-1889191</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Jerry Overton	100 S. Second Street	Ft. Pierce, FL 34950
V/D	Donald Hughes	100 S. Second Street	Ft. Pierce, FL 34950
S/D	Nancy Frazer	100 S. Second Street	Ft. Pierce, FL 34950
<b>400002257604--1</b> <b>-08/05/97--01016--002</b> <b>****358.75 ****358.75</b>			
<b>REINSTATEMENT 95-97</b>			

8. Name and Address of Current Registered Agent

**Ira S. Tasch**  
**3537 S.W. Corporate Parkway**  
**Palm City, FL 34990**

9. Name and Address of New Registered Agent

Name <b>Jerry Overton</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>100 S. Second Street</b>		
Suite, Apt. #, Etc.		
City <b>Ft. Pierce</b>	State <b>FL</b>	Zip Code <b>34950</b>

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

Signature of Registered Agent <i>Jerry Overton</i> <b>Jerry Overton</b> REGISTERED AGENT MUST SIGN	Date <b>7/22/97</b>
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11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

<b>SIGNATURE:</b> <i>Jerry Overton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Jerry Overton, President</b>	Date <b>7/22/97</b>	(561) 460-7192 Daytime Phone #
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CR2E040 (12/95)