

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43626

1. Corporation Name

CROSSROADS COMMUNITY CHURCH OF ORANGE & OSCEOLA
COUNTIES, INC.

Principal Place of Business

Mailing Address

14500 LANDSTAR BLVD.
ORLANDO FL 32824
US

14500 LANDSTAR BLVD.
ORLANDO FL 32824
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1991

5. FEI Number

59-2977779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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	City / State / Zip
PD	CASSATA, ROBERT A	2709 PEGGY DR	KISSIMMEE FL 34744
VPD	ALWINE, HOWARD BARWENKO, HANS	12076 NEBRASKA WOODS CT 73 TROTTERS CIRCLE	ORLANDO FL KISSIMMEE, FL 34743
D/T	NATER, ANGEL J JR HUGGINS, TEFEROMANI	101 KASSIK CIRCLE 189 SANDALWOOD DRIVE	ORLANDO FL KISSIMMEE, FL 34743
SD	CASSATA, NANCY SPERAZZA, ANGELO	13803 FAIRWAY ISLAND DR. 13013 PHILADELPHIA WOODS LANE	ORLANDO FL 32824
D	RING, ROSCOE	13353 LAVER LANE	ORLANDO, FL 32824
D	ATHE, FRANCIS	201 ALCYDAR COURT	ORLANDO, FL 32824

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASSATA, ROBERT A
2709 PEGGY DR
KISSIMMEE FL 34744

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, 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

Date

REGISTERED AGENT MUST SIGN

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 01

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