


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000005575

1. Corporation Name

COUNTRY CROSSINGS AT SPRING RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20 N. ORANGE AVE., STE. 610
ORLANDO FL 32801

20 N. ORANGE AVE., STE. 610
ORLANDO FL 32801

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

2. New Principal Office Address, If Applicable 1400 POINSETTIA AVE.		3. New Mailing Office Address, If Applicable 1400 POINSETTIA AVE		4. Date Incorporated or Qualified To Do Business in Florida 09/28/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3612584	
City & State ORLANDO, FL		City & State ORLANDO FL		Applied For	
Zip 32804		Zip 32804		Not Applicable	
Country ORANGE		Country ORANGE		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	THOMPSON, CHARLES A	1400 POINSETTIA AVE.	ORLANDO FL 32804
D	HOWELL, WILLIAM R II	3626 RICHMOND ST.	JACKSONVILLE FL 32205
D	O'DOWD, STEPHEN	605 E. ROBINSON ST., STE. 750	ORLANDO FL 32801

REINSTATEMENT 2000-01
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, CHARLES A
1400 POINSETTIA AVE.
ORLANDO FL 32804

Name

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

Suite, Apt. #, Etc.

City

State

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/20/2000

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

11/20/2000

Date

Daytime Phone #

407

648-2775