

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 18 AM 11:25

DOCUMENT # P00000070151

1. Entity Name
CROSS WINDS PRODUCTIONS INC.



Principal Place of Business
15001 SW 256 ST
HOMESTEAD, FL 33032

Mailing Address
60 SABANO PRADO
CORAL GABLES, FL 33156

500156105255
05/18/09--01006--008 **300.00



05122009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #
15001 SW 256 ST

3. Mailing Address
15001 SW 256 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
22-3743428

Applied For
Not Applicable

City & State
Homestead FL

City & State
Homestead FL

Zip
33032

Country
DADE USA

Zip
33032

Country
US DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINNERTY, JAMES
15001 SW 256 ST
HOMESTEAD, FL 33032

Name
FINNERTY JAMES

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

15001 SW 256 ST

City
Homestead

FL Zip Code
33032

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FINNERTY, JAMES	
STREET ADDRESS	15001 SW 256 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33032	
TITLE	P	<input type="checkbox"/> Delete
NAME	FINNERTY, JAMES	
STREET ADDRESS	15001 SW 256 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 08-09KS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.