

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078292

1. Corporation Name

CROSSROADS CRASH CONSULTING, INC.

REINSTATEMENT 07

Principal Place of Business

Mailing Address

6947 CRESCENT RIDGE RD.
ORLANDO FL 32810

6947 CRESCENT RIDGE RD.
ORLANDO FL 32810



600025387046
12/10/03--01034--004 **150.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~27717 W. Newberry Road~~

City & State

City & State

Newberry, FL

Zip

Country

Zip

Country

32669

USA

5. FEI Number

59-3667182

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	PROCTOR, JAMI C	6947 CRESCENT RIDGE RD	ORLANDO FL 32810
T	PROCTOR, JAMES G	6947 CRESCENT RIDGE RD.	ORLANDO FL 32810
P,T,S,V,D	Proctor, Jami C.	27717 W. Newberry Rd.	Newberry, FL 32669

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PROCTOR, JAMI C

~~6947 CRESCENT RIDGE RD.~~ 27717 W. Newberry Rd.

~~ORLANDO FL 32810~~ Newberry, FL 32669

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. or 617.0505, F.S.

Signature of
Registered Agent

Jami C. Proctor
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Nov. 17, 2003

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:

Jami C. Proctor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Nov. 17, 2003
Daytime Phone # 352-472-8070

CR2E040 (7/03)