

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 13 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000090292

1. Corporation Name

Kross Roads, Inc.

2. Principal Office Address

9332 Star Trail

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

Zip

34654

Country

Pasco

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/21/2000

5. FEI Number

59-3666107

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Theodore J. Juanis

000041294090

09/23/04--01055--002 **150 00

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

9332 Star Trail

000041294090

09/23/04--01055--003 **150 00

Suite, Apt. #, Etc.

City

New Port Richey, FL

State
FL

Zip Code
34654

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Theodore J. Juanis

Date 3/22/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/Pre	Theodore J. Juanis	9332 Star Trail	New Port Richey, FL 34654

10. 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:

Theodore J. Juanis Pres

3/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JACOBS ACCOUNTING, INC.
2121 MAIN STREET
DUNEDIN, FL. 34698

03/22/2004

FLORIDA DEPARTMENT OF STATE
DIV. OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN,

ENCLOSED IS A CHECK IN THE AMOUNT OF \$ 150.00 FOR THE INCORPORATION OF
KROSS ROADS, INC. FOR THE YEAR 2003

THE RESIDENT AGENT MOVED TO A NEW ADDRESS AS STATED ON THE
CORPORATION REINSTATEMENT DOCUMENT AND DID NOT RECEIVE THE
ANNUAL CORPORATE FILING DOCUMENT.

WE ARE ASKING THAT YOU WAVE THE REINSTATEMENT FEES AS THE OVER-
SIGHT WAS NOT INTENTIONAL AND WE FEEL THAT THE REINSTATEMENT
FEES ARE IN EXCESS WHICH WOULD CAUSE A HARDSHIP ON OUR CLIENT.

PLEASE RETURN THE CERTIFICATE AND ARTICLES OF INCORPORATION TO:

IF YOU HAVE ANY QUESTIONS PERTAINING TO THIS MATTER PLEASE CALL 727-210-2552.

RESPECTFULLY SUBMITTED,



HARLEY JACOBS
ACCOUNTANT