

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 15 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P00000098935**

**1. Corporation Name**

CROSS BRANCH SERVICES, INC.

**2. Principal Office Address**

17267 Cross Branch Rd.

Suite, Apt. #, etc.

Office Suite B

City & State

Hilliard, Florida

Zip

32046-7627

Country

USA

**3. Mailing Office Address**

17267 Cross Branch Rd.

Suite, Apt. #, etc.

Office Suite B

City & State

Hilliard, Florida

Zip

32046-7627

Country

USA

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

10/19/2000

**5. FEI Number**

59-3678707

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

Thomas A. Blair

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

3447 Jeannie Road

Suite, Apt. #, Etc.

P.O. Box 1670

City

Callahan

State

FL

Zip Code

32011-1670

**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

*Thomas A. Blair*

REGISTERED AGENT MUST SIGN

Date 01/03/03

**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 & Pr	Cunningham, James G. Jr.	17267 Cross Branch Rd., Suite A	Hilliard, FL 32046-7627
D & Tr	Cunningham, Penny E.	17267 Cross Branch Rd., Suite A	Hilliard, FL 32046-7627
D & Se	Blair, Thomas A.	3447 Jeannie Rd., P.O. Box 1670	Callahan, FL 32046-1670

**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:

*Thomas A. Blair*

Thomas A. Blair, Sec'y

01/03/03

1-888-250-5687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)