

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR -3 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000003751

1. Corporation Name

Cross Country handtrust Inc.

2. Principal Office Address

950 S. Pine Island Rd.

Suite, Apt. #, etc.

A150-1010

City & State

Plantation, Florida.

Zip

33324

Country

U.S.A.

3. Mailing Office Address

18331 Pines Blvd.

Suite, Apt. #, etc.

202

City & State

Pembroke Pines, FL.

Zip

33029

Country

USA.

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

1/11/02

5. FEI Number

752998690

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

James W. Chancellor

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

18331 Pines Blvd

Suite, Apt. #, Etc.

202

City

Pembroke Pines

State  
FL

Zip Code

33029

100029811801  
03/03/04-01046-005 \*\*300.00

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

*James W. Chancellor*

REGISTERED AGENT MUST SIGN

Date

2/27/04

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
CEO/ President	James W. Chancellor	392 SW 187 Terr.	Pembroke Pines, FL. 33029
VP/ Treasurer	Norma E. Blich.	18331 Pines Blvd. Suite 202	Pembroke Pines, FL. 33029

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:

*James W. Chancellor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 727-8153

Daytime Phone #

CR2E081 (01/04)

2-27-2004

Florida Department of State  
Secretary of State  
Divisions of Corporations

To Whom It May Concern:

Please be advised this letter is to inform you that we had not received your advisement/ notice of our company's dissolution due to address changes and correspondence crossing. As per our conversation with you, we ask that you kindly wave the regular reinstatement fee's and accept the amount included as you designated in our conversation in the amount of \$300.00 which will be our actual reinstatement fee.

Thank You

Shaun Fernandes  
Office Administrator



Cross Country Landtrust  
950 S Pine Island Rd.  
Suite 150-1010  
Plantation, Fl. 33324