

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
CROSS COUNTRY LANDTRUST INC**

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$1,200.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

Sep 22 10:52p

JW Chancellor


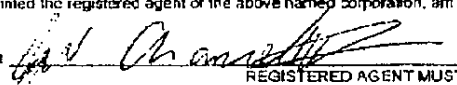
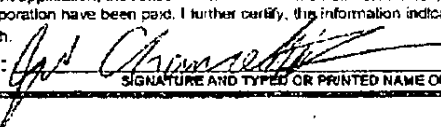
954-517-9484

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|---|-----------------------------------|---|--------------------------|
| DOCUMENT # P02000003751 | | | |
| 1. Corporation Name Cross Country LandTrust, Inc | | | |
| 2. Principal Office Address - No P.O. Box # 18331 PINES BLVD | | 3. Mailing Office Address 18331 PINES BLVD | |
| Suite, Apt. #, etc. 202 | | Suite, Apt. #, etc. 202 | |
| City & State PEMBROKE PINES FL | | City & State PEMBROKE PINES FL | |
| Zip 33029 | Country USA | Zip 33029 | Country USA |
| 7. Name and Address of Current Registered Agent | | | |
| Name CHANCELOR, JAMES W | | | |
| Street Address (P.O. Box Number is Not Acceptable) 18331 PINES BLVD | | | |
| Suite, Apt. #, Etc 202 | | | |
| City PEMBROKE Pines | | State FL | Zip Code 33029 |
| 4. Date Incorporated or Qualified To Do Business in Florida | | | |
| 5. FEI Number 752998690 | | Applied For Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>Additional fee required to complete Certificate of Status</small> | | | |
| <input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. | | | |
| Signature of Registered Agent  | | Date 09/22/2010 | |
| 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 |
| Pres | CHANCELOR, JAMES W | 18331 PINES BLVD 202 | Pembroke Pines, FL 33029 |
| | | | |
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| 10. E-mail Address: jwc@wingfieldleigh.com <small>(To be used for future annual report notification)</small> | | | |
| 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 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:  | | CHANCELOR, JAMES W | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |
| | | 09/22/2010 | 954517948 |