

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -5 PM 2:13

DOCUMENT # **P02000035770**

1. Corporation Name

Cross Publishing Corp.

2. Principal Office Address

2955 N. Bay Road

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

3. Mailing Office Address

PO Box 190359

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33119

Country

REINSTATEMENT 03-05

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

03/26/2002

5. FEI Number

47-0859568

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

Giovanna De La Cruz

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

2955 N. Bay Road

Suite, Apt. #, Etc.

City

Miami Beach, FL

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date 07/29/2005

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 | Giovanna De La Cruz | 2955 N. Bay Road | Miami Beach, FL 33140 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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:

Giovanna De La Cruz

7/29/2005

305-871-0889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2042

CROSS PUBLISHING CORP.

P.O. BOX 190359
MIAMI BEACH, FL 33119


July 30, 2005

Department of State
Division of Corporation
PO BOX 6327
Tallahassee, Fl 33196

To Whom It May Concern:

While talking to a financial advisor concerning my company, it came to my attention that my company has been closed. I learned that this was due to the fact that I did not renew my company with the State of Florida. However, I had no clue that this was a necessary step in maintaining a company in this state, since I have never received any documentation concerning this matter, in the past or present. When I called your department to take care of this matter, I was told that I needed to send a completed corporation reinstatement form with a check for a fee of \$450.00. Therefore, both the form and respective check are enclosed. If you have any concerns or questions, please feel free to contact the undersigned at the above location.

Sincerely,


Giovanna De La Cruz
President