

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000076642

1. Entity Name  
CROSS COUNTY SUPPORT SERVICES, INC



FILED

07 JAN -3 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5950 W. OAKLAND PARK BLVD  
SUITE 309  
LAUDERHILL, FL 33313

Mailing Address  
5950 W. OAKLAND PARK BLVD  
SUITE 309  
LAUDERHILL, FL 33313

2. Principal Place of Business

4300 N University Drive

Suite, Apt. #, etc.

D103

3. Mailing Address

4300 N University Dr

Suite, Apt. #, etc.

D103

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

Zip

33351

Country

USA

Zip

33351

Country

USA



REINSTATEMENT 2006  
12282006 REIN-2 CR2E098 (11/05) WOP

4. FEI Number

20-2967066

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CROSE-GRAY, GRACE  
9511 SEA TURTLE MANOR  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CROSE-GRAY, GRACE  
STREET ADDRESS 9511 SEA TURTLE MANOR  
CITY-ST-ZIP PLANTATION, FL 33324

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GRACE CROSE-GRAY

12-28-06

Date

Daytime Phone #

2072

**CROSS COUNTY SUPPORT SERVICES INC.**

4300 N UNIVERSITY DRIVE, SUITE D103  
LAUDERHILL, FLORIDA 33351  
Phone (954)749-8101 Fax (954)749-8101

P.O. BOX 16905, PLANTATION, FLORIDA 33318  
Phone (954)474-2039 Fax (954)474-2039

December 28, 2006

Reinstatement  
Division of corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please be advised that I have not received any notification regarding the fees. The office got damage in the storm, however, I did a change of address and I did not receive a notification in the mail.

I telephoned the department today, after the bank told me that my business was not active. Your assistance in the matter will be appreciated.

Thank you,

  
Grace Crosse-Gray