PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 PM 4:11

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DOCUMENT # P07000017847

1. Corporation Name

Crosscreek Environmental Inc

REINSTATEMENT (FEB 2009) 2009

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 5920 cypress Circle | 5920 cypress circle |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Bradenton, Fl | City & State: Bradenton, Fl |
| Zip: 34202 / Country: USA | Zip: 34202 / Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 2/8/2007

5. FEI Number: 208414663 ☐ 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: Brenda Ross

Street Address (P.O. Box Number is Not Acceptable): 406 43RD ST W

Suite, Apt. #, Etc.:

City: Bradenton / State: FL / Zip Code: 34209

☑ 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Brenda Smyth Ross — Date: 11/12/09

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 |
|---|---|---|---|
| P | Carlton Campbell | 5920 Cypress Circle | Bradenton, Fl 34202 |
| VP | Rodger Grosse | 3219 52nd ave dr w | Bradenton, Fl 34207 |
| | | | |
| | | | |
| | | | |
| | | | |

10. **E-mail Address:** cc22272@yahoo.com

(To be used for future annual report notification)

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 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. 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:** _____ Carlton Campbell — 11/12/09 — 9415395992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #