

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #P94000087895

1. Corporation Name

CROSS ROAD, INN, INC

FILED

98 APR 24 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3095 ST ROAD 68  
Okeechobee, FL  
34972

686 3RD PLACE  
VERO BEACH, FL  
32962

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11-21-1994

City & State

City & State

5. FEI Number

65-0580496

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

300002504343--8

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
P	Shelly Gianotti	686 3RD PLACE VERO BEACH, FL 32962	VERO BEACH, FL 32962
S	Kelly Fowler	686 3RD PLACE	VERO BEACH, FL 32962
T	Pamela Butz	2203 E. OCEAN OAKS LN	VERO BEACH, FL 32963
D	Stacy Hockenbuhl	715 36th Ave	VERO BEACH, FL 32962
D	Bobby J. Hiers	1095 MENINGSIDE DR	VERO BEACH, FL 32963

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Bobby J. Hiers

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

686 3RD PLACE

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32962

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Bobby J. Hiers

REGISTERED AGENT MUST SIGN

Date

4-20-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information  
on intangible tax.)

12. 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:

Shelly Gianotti Per Shelly Gianotti

Date

4-20-98

Daytime Phone

561-569  
3810

CR2E040 (1/98)