

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 15 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025844

1. Corporation Name

Crescent Cross Cattle Company

2. Principal Office Address

3125 Thornhill Road

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

USA

3. Mailing Office Address

P.O. Box 1869

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33802

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1995

SP

5. FEI Number

59-3304543

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

Lynn Hampton

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

3125 Thornhill Road

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

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

Date

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
D	Hampton, Lynn	3125 Thornhill Road	Winter Haven, FL 33880
D	Hampton, Leigh	3125 Thornhill Road	Winter Haven, FL 33880

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-11-2000

83-688-0611

CR2E081 (9/99)