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REINSTATEMENTS DIVISION OF CORPORATIONS							99 JUL -6 PH 2: 52				
DOCUMENT # P95000054336 ' 1. Corporation Name							CTOTTAARY OF STATE DALLAHOSSTE, FLORIDA				
CROSS BAY, INC.]				
Principal Pla	ess] [I AND BUNDANA	 	LAT THUR BUT LAD				
SUITE 200 S			SUITE 200	5051 CASTELLO DRIVE SUITE 200 NAPLES FL 33940							
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable											
6314 TRAIL BLUD.						LVD.	Date Incorporated or Qualified To Do Business In Florida 07/10/1995			95	
							5. FEI Number Applied For			Applied For	
NAPLES TE			City & State NAPLES F2 Zip 3 1 1 2 Country				65-0593572 Not Applicable 6. \$8.75 Additional Fee require				
3410	8 0	SA	3410		Country		<u> </u>	E OF STATUS DESIRED	for a Cert	ificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each											
Title(s) and/or Directors				Officer and/or Director 3 (Do NOT Use Post Office Box N			umbers) City / State / Zip				
P POPPER, STEPHEN T				5051 CASTELLO DR., STE. 200				NAPLES FL		ł	
					6314 TRAIL BUD.			NAPLES FL 34108			
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Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent				
Name C							Stephen Popper				
5051 CASTELLO DR							P.O. Box Number is Not Acceptable) 314 TRAIL BLVD				
SUITE 226 Suite, Apt. #, Etc											
NAPLES FL 34103, City NAPLES							State Zip Code FL 34108				
1	appointed the registered	gent of the abo	ve named corp	oration, am fa	miliar with	h and accept the o	bligations of Sect	ion 607.0505, F.S.	1 1		
Signature of Registered	Agent	9 1	SISTERED AG	SENT MUST :	SIGN			Date	18/98		
	is corporation o					Yes 🗹	No 🗆	(See	other side for info on intangible tax		
this rein owed by	that I am an officer or dire statement application, the the corporation have be application is true and ac-	e reason for disso on paid and the n	lution has been ames of indivi	n eliminated, t duals listed on	he corpor I this form	ate name satisfies n do not qualify for	the requirements an exemption un	apter 607 or 617, F.S. s of section 607.0401 der section 119.07(3)	I further certify to or 617,0401, F.S. (i), F.S. The info	let When filling I hat all feee mation indicated	
SIGNAT	TURE /	5/47					12	12/92	941 593	1-4151	
SIGNA	SIGNATURE A	NO TOPED OR OR	NTED NAME OF	SIGNING OFFI	CER OR D	IRECTOR		Date	Daytime Ph	one #	

CROSS BAY INC. 6314 TRAIL BLVD. NAPLES, FLORIDA 34108

December 18, 1998

To whom it may concern,

I am writing to you after speaking with a representative of your office on the 16th of December. At the suggestion of your office I would like to request a one time exemption of the fee to reinstate my corporation. As you can see on my application my office has moved from Castello Drive in Naples, to Trail Boulevard. Also please note that I have removed Amy Taylor as a registered agent for Cross Bay. Both moving and the removal of my registered agent caused the delay in filing on time.

Enclosed is a check in the amount of \$150.00 as per your office. I appreciate your help in this matter. If you need to contact me, you may do so at (941) 597-4151.

Sincerely,

Stephen Popper

President