

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 9:26

DOCUMENT # **P97000057363**

1. Corporation Name

**THE CROSS STRATEGY GROUP, INC.**

Principal Place of Business

12291 NW 20 CT  
PLANTATION FL 33323

Mailing Address

12291 NW 20 CT  
PLANTATION FL 33323

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/1997

5. FEI Number

65-0764534

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SCHAFER, B	12291 NW 20TH CT	PLANTATION FL 33323
VP	ROSS, F	420 NW 78 AVE 186 Blue Moon AVE	PLANTATION FL 33324 Lake Placid, FL 33852
ST	DOWNES, SCOTT	555401 ARBER CLUB WAY 9103 F SW 20 street	BOCA RATON FL 33433 Boca Raton, FL 33428

8. Name and Address of Current Registered Agent

SCHAFER, BRIAN  
12291 NW 20TH COURT  
PLANTATION FL 33323

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Brian K. Schaffer, registered agent*  
REGISTERED AGENT MUST SIGN

Date

10/19/03

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 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:

*Frank E. Ross, VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-03 954-880-8859

Daytime Phone #

CR2E040 (7/03)

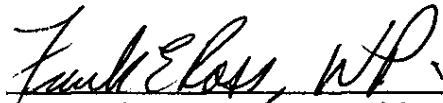
# The Cross Strategy Group, Inc.

12291 NW 20 Court  
Plantation, FL 33323  
954-583-2444

Dear Sirs,

We did not receive the Uniform Business Report for this year. Please waive the reinstatement fee. Enclosed is a check for \$150.00.

Thank You,

A handwritten signature in cursive script, appearing to read "Frank Ross, VP.", is written over a horizontal line.

Frank Ross, Vice President