PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 1 of 2

APPLICATION FOR REINSTATEMENT (OTWOOD)

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 22 PM 4:00

DOCUMENT # P98000031248

1. Corporation Name

CROSS ROAD TRANSPORT, INC.

Principal Place of Business	Mailing Address
~~6601 LYONS RD. STE. F4~~	~~6601 LYONS RD. STE. F4~~
~~COCONUT CREEK FL 33073~~	~~COCONUT CREEK FL 33073~~
7854 NW 23 ST	LAUDERDALE LAKES FL 33311
LAUDERDALE LAKES FL 33311	

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

03-26-01 90143 050 $150.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/02/1998

5. FEI Number: 65-0825125 ☐ 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
STVP	VRIONIS, CONSTANTINO	6601 LYONS RD. STE. F4	COCONUT CREEK FL 33073

200004882992--1
-02/06/02--01042--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
URSO, JOSEPH 21845 POWERLINE RD. STE. 207 BOCA RATON FL 33433	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/01)

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 SIGNATURE REQUIRED Date

REGISTERED AGENT MUST SIGN

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.

AD

SIGNATURE: [signature] 12-19-01

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

TEL. (407) 482-7878

SAMUEL J. ZEREN
Public Accountant
8951 Windtree Street
Boca Raton, Florida 33496

FAX 407-451-1750

11/14/01

FLORIDA DEPT OF STATE

RE: CRUSS FUND TRANSPURO INC.
P98000031248

WE SPOKE TO AN AGENT IN YOUR DEPARTMENT. THAT

1. WE PAID THE AMOUNT OF $150.00 WHEN DUE IN MARCH 2000. AND MAILED BEFORE DEADLINE.
2. WE NEVER RECEIVE ANY FUTURE PAPERS TO FILL OUT.
3. AND NOBODY CALLED TO NOTIFY US OF ANY CURRATIVE PAPERS TO WHICH WE WERE TO RECEIVE
4. WE ARE ASKING FOR A WAIVER OF ADDITIONAL TAX, AND TO SEND ANY OTHER PAPERS TO COMPLETE.

THANK YOU.

Joanne Zeren

HAPPY THANKSGIVING

P.S.
SPOKE TO AGENTS TYRONE SCOTT & MITCHELL