


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---	---

DOCUMENT # P98000091635

1. Corporation Name

CROSS POLLINATION, INC.

Principal Place of Business

Mailing Address

MOLINO FL  
520 WHITE ASH RD.  
MOLINO FL 32577  
US

4520 WHITE ASH ROAD  
MOLINO FL 32577

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		4. Date Incorporated or Qualified To Do Business in Florida	
		P.O. Box 65		10/28/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		CITRONELLE		59-3542116	
City & State		City & State		Applied For	
		AL		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		36522	USA		

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TERHUNE, LILA	P.O. BOX 310	MOLINO FL 32577

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TERHUNE, LILA  
4520 WHITE ASH ROAD  
MOLINO FL 32577

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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

REGISTERED AGENT MUST SIGN

Date 10-25-1

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

251  
10-25-1 866-5935

*Cameron's Tax Service*

18935 South Third Street  
Citronelle, Alabama 36522  
Phone 251-866-2203  
Fax 251-866-5935



P O BOX 65  
OCT. 26, 2001

FLA DEPT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

DEAR MS HARRIS,

THIS LETTER IS TO ASK FOR FORGIVENESS OF THE LATE FILING OF THE BUSINESS REPORTS FOR CROSS POLLINATION AND BEE-ATTITUDES INC. BOTH OF THESE CORPORATIONS HAVE THE SAME REGISTERED AGENT, LILA TERHUNE.

DUE TO HER TRAVELS I HANDLE MOST OF THE TAX WORK, AND HAVE REQUESTED MY ADDRESS BE PUT ON THE ACCOUNTS. SOME HOW THESE FORMS NEVER MADE IT TO ME AND THIS IS WHY THEY ARE LATE IN FILING.

PLEASE ACCEPT THE ENCLOSED CHECKS AND REINSTATEMENT FORM FOR BOTH CORPORATIONS. THANK YOU FOR YOUR TIME ON THIS MATTER AND IF I CAN BE OF ANY SERVICE PLEASE FEEL FREE TO CALL ON ME.

SINCERELY,

A handwritten signature in cursive script, appearing to read "Carole C. Reid".

CAROLE C REID