

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 DEC 13 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** P98000101475

**1. Corporation Name**

Crossings at Cape Coral II, Inc.

**2. Principal Office Address**

106 East College Ave

Suite, Apt. #, etc.

Suite 640

City & State

Tallahassee, FL

Zip

32301

Country

USA

**3. Mailing Office Address**

322 Banyan St.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-24-1998

**SP**

**5. FEI Number**

65-0882186

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

Jeffrey B. Sharkey

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

106 East College Avenue

Suite, Apt. #, Etc.

Suite 640

City

Tallahassee

State

FL

Zip Code

32301

**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

*Jeffrey B. Sharkey*

REGISTERED AGENT MUST SIGN

Date December 13, 2000

**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
Mr	Jeffrey B. Sharkey	106 East College Avenue	Tallahassee, FL 32301

**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:**

*Jeffrey B. Sharkey*

Jeffrey Sharkey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 13, 2000 (850) 224-

Date

Daytime Phone # 1660

CR2E081 (3/99)