

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000096109.

1. Corporation Name

CROSSWAY CORPORATION

2. Principal Office Address

7766 NW 71 ST.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

Country

33166

US

3. Mailing Office Address

782 NW 42nd Ave

Suite, Apt. #, etc.

#328

City & State

Miami FL

Zip

Country

33126

US

400035714584
05/06/04--01057--018 **750.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1999

5. FEI Number

65-0962488

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

THE SOLANO GROUP, P.A.

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

782 NW 42nd Ave

Suite, Apt. #, Etc.

328

City

Miami

State

FL

Zip Code

33126

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

Solano YOLANDA SOLANO, Sec.

Date 4/28/04

REGISTERED AGENT MUST SIGN

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
PTSD	VELEZ, CLAUDIA	1779-IBIS-LANE	WASTON, FL 33327

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:

Claudia Velez G.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (305) 468-7999

Date

Daytime Phone #

CR2E081 (01/04)