

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 22 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # V 67730

1. Corporation Name

CROSS CREEK INTERIORS INC.  
5859 W ATLANTIC AVENUE  
DELRAY BEACH, FL 33484

2. Principal Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

PALM BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/28/92

5. FEI Number

65-0362562

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

JUDITH SOFFER c/o CROSS CREEK INTERIORS INC.

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

5859 W ATLANTIC AVENUE 600004669508-4

Suite, Apt. #, Etc.

11706701-01077-010  
\*\*\*300.00 \*\*\*300.00

City

DELRAY BEACH

State  
FL

Zip Code

33484

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

Judith Soffer  
REGISTERED AGENT MUST SIGN

Date

9-17-01

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
<u>P</u>	<u>JUDITH SOFFER</u>	<u>5859 W ATLANTIC AVENUE</u>	<u>DELRAY BEACH, FL 33484</u>

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

Judith Soffer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JUDITH SOFFER

Date

9-17-01

Daytime Phone #