

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

00-01 UBR

FILED

DOCUMENT # **P 98000037025**

1. Corporation Name
NEW ENGLAND CRAFTSMAN CONSTRUCTION COMPANY, INC

2. Principal Office Address
701 HOLLY LANE

3. Mailing Office Address
701 HOLLY LANE

4. Date incorporated or Qualified To Do Business in Florida
4-23-98

5. FEI Number
65-0830814

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee (required for a Certificate of Status)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33486 Country
USA

Zip
33486 Country
USA

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name
PATRICIA STEPHENS

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

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33486

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 09/27/01-01000-010
 308.00-308.00

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
Patricia Stephens

REGISTERED AGENT MUST SIGN

Date
7-26-01

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
PRES	PATRICIA STEPHENS	701 HOLLY LANE	BOCA RATON, FL 33486
V-PRES	FRANCIS J. FRANKO	701 HOLLY LANE	BOCA RATON, FL 33486
	201-25-AR		
	1000 ARARIS		
	8875-AROLUPP		

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 ***308.75 ***308.75

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)(b), 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
Patricia Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
7-26-01

Daytime Phone #
561 416-2053

NEW ENGLAND CRAFTSMAN CONSTRUCTION CO. INC.

701 HOLLY LANE
BOCA RATON, FLORIDA 33486
USA

202

Phone 561-391-9988
Fax 561-367-1459

AUGUST 20, 2001

FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS

TO WHOM IT MAY CONCERN,

RECENTLY, WHILE FILING FOR TAX EXEMPTION, I FOUND OUT THAT MY CORPORATION HAD NOT BEEN RENEWED. AFTER MANY CALLS, I WAS TOLD THE FORM WAS RETURNED TO YOUR OFFICE NOT DELIVERED. AT THAT TIME I WAS MOVING MY OFFICE TO A NEW LOCATION, AND SOMEHOW IT DID NOT GET FORWARDED. BECAUSE OF IT BEING SUCH A BUSY TIME I DID NOT NOTICE I HAD NOT RECIEVED IT FOR THE YEAR.

I WAS ADVISED TO WRITE THIS LETTER WITH THE FORM COMPLETED AND TO ASK FOR A WAIVE OF THE REINSTATEMENT FEE BECAUSE I HAD NOT RECIEVED THE FORM.

ENCLOSED IS A COPY OF THE FORM I SENT THE BUREAU OF COMPLIANCE AND I HOPE THIS IS THE CORRECT FORM TO HAVE THE CORPORATION REINSTATED.

PLEASE ADVISE ME OF WHAT NEEDS TO BE DONE AND THE FEE IF ANY TO CORRECT THIS SITUATION IMMEDIATELY.

THANK-YOU.

SINCERELY,

Patricia Stephens

PATRICIA STEPHENS
PRESIDENT