

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000037025

1. Corporation Name

NEW ENGLAND CRAFTSMAN CONSTRUCTION COMPANY, INC.

FILED
04 JUN -8 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~701 HOLLY LANE
BOCA RATON FL 33486~~

~~701 HOLLY LANE
BOCA RATON FL 33486~~



REINSTATEMENT 03-04

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

04/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8680 EAGLE RUN DRIVE

8680 EAGLE RUN DRIVE

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33434

Country
USA

Zip
33434

Country
USA

5. FEI Number

65-0830814

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	STEPHENS, PATRICIA	701 HOLLY LANE	BOCA RATON FL 33486
P	FRANKO, FRANCIS J	701 HOLLY LANE 8680 EAGLE RUN DRIVE	BOCA RATON FL 33486 33434
P/VP	MORRIS, CHRISTINE S.	8680 EAGLE RUN DRIVE	BOCA RATON, FL 33434
			200037731302 06/08/04--01001--020 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~STEPHENS, PATRICIA~~
~~701 HOLLY LANE~~
~~BOCA RATON FL 33486~~

Name
CHRISTINE S. MORRIS
Street Address (P.O. Box Number is Not Acceptable)
8680 EAGLE RUN DRIVE
Suite, Apt. #, Etc.
City
BOCA RATON
State
FL
Zip Code
33434

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. or 617.0505, F.S.

Signature of Registered Agent Christine S. Morris
REGISTERED AGENT MUST SIGN

Date 06/02/04

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: Francis J. Franko FRANCIS J. FRANKO 06/02/04 561-391-9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)