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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
06 MAY 30 PM 3:00
TALLAHASSEE, FLORIDA

DOCUMENT # 193550

1. Corporation Name **Cementcraft, Inc.**

2. Principal Office Address 2200 N. Dixie Highway Suite, Apt. #, etc.		3. Mailing Office Address 2200 N. Dixie Highway Suite, Apt. #, etc.	
City & State Hollywood, FL.		City & State Hollywood, FL.	
Zip 33021	Country U.S.	Zip 33021	Country U.S.

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 6/1/1956	
5. FEI Number 590770045	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Myles Sher		
Street Address (P.O. Box Number is Not Acceptable) 4906 Arthur Street		
Suite, Apt. #, Etc.		
City Hollywood	State FL	Zip Code 33021

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 Myles E. Sher Date 5/24/06
 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
VP	Myles Sher	4906 Arthur Street	Hollywood, FL. 33021

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: Myles E. Sher Myles Sher 5/24/06 954-687-6437
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell MAY 30 2006