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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 22 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 373874

1. Corporation Name

JERRY CREWS, INC.

2. Principal Office Address

400 North Street

3. Mailing Office Address

400 North Street

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

Suite 120

City & State

Longwood, Florida

City & State

Longwood, Florida

Zip

32750

Country

USA

Zip

32750

Country

USA

REINSTATEMENT 94-05

MRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/10/70

5. FEI Number

591363143

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

Jerry R. Crews

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

400 North Street

Suite, Apt. #, Etc.

Suite 120

City

Longwood

State

FL

Zip Code

32750

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

REGISTERED AGENT MUST SIGN

Date 2.10.05

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
P,V,S	Jerry R. Crews	400 North Street, Suite 120	Longwood, Florida 32750
			600047049576

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2.10.05

Daytime Phone #

407-862-9699

CR2E081 (01/04)

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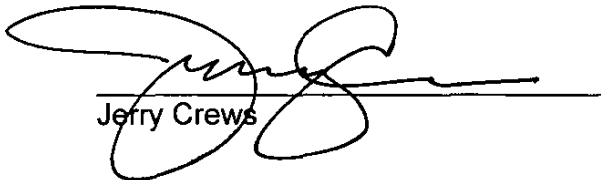
AFFIDAVIT OF JERRY CREWS

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, this day personally appeared, JERRY CREWS, who being by me first duly sworn, deposes and says:


1. He is over the age of eighteen years and has personal knowledge of the factual matters set forth herein.
2. He is the sole stockholder and director of corporation # P03000134496 and, as such, he caused Articles of Dissolution (the "Dissolution") of such corporation to be filed on February 11, 2005.
3. He has no intention of ever revoking the Dissolution.

FURTHER AFFIANT SAYETH NOT.


Jerry Crews

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was sworn to and subscribed before me this 21st day of February, 2005, by Jerry Crews who is personally known to me.


Notary Public
State of Florida
My Commission Expires:



Pamela S. Walker
Commission # DD125361
Expires June 12, 2006
Bonded Thru
Atlantic Bonding Co., Inc.



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032
REFERENCE : 199747 8432A
AUTHORIZATION : *Patricia Pizutto*
COST LIMIT : \$ 2408.75

ORDER DATE : February 11, 2005

ORDER TIME : 12:03 PM

ORDER NO. : 199747-015

CUSTOMER NO: 8432A

CUSTOMER: Ms. Janet S. Leach
Sobering, white & Luczak, P.a.
Suite 240
558 West New England Ave.
Winter Park, FL 32789

DOMESTIC FILINGS

NAME: JERRY CREWS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____

RECEIVED
05 FEB 11 PM 12:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
File Stamp