2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 768173

1. Entity Name
CRESTHAVEN APPLIANCE SERVICE, INC.

FILED
2008 FEB -7 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
CRESTHAVEN APPL. SERV. 2885 E ASHLEY DR WEST PALM BEACH, FL 33415 US	CRESTHAVEN APPL. SERV. 2885 E ASHLEY DR WEST PALM BEACH, FL 33415 US

01312008 REIN-NP CR2E099 (1/07)
REINSTATEMENT 07-08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2650 BARKLEY DR. E	2650 BARKLEY DR. E
Suite, Apt. #, etc.: #B	Suite, Apt. #, etc.: # B
City & State: WEST PALM. BCH. FL	City & State: WEST PALM BCH, FL
Zip: 33415 Country: USA	Zip: 33415 Country: USA

4. FEI Number: 52-2283782 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~RESNICK, SYLVIA M~~ ~~2885 E ASHLEY DR~~ ~~WEST PALM BEACH, FL 33415~~	Name: AGNES KRILL Street Address (P.O. Box Number is Not Acceptable): 2650 EAST BARKLEY DR. #B City: WEST PALM BEACH FL Zip Code: 33415

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Agnes Krill
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTIN, OLGA 2522-H EMORY DR. EAST WEST PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400117543284 02/07/08--01051--004 **297.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~RENNERT, FLORA~~ ~~2590-F BARLEY DR E~~ ~~WEST PALM BEACH, FL 33415~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LOUISE TIPPENS 2761 EMORY W. #E W.P.B., FL. 33415 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~CHEESEMAN, RICHARD~~ ~~2910-F ASHLEY DR EAST~~ ~~WEST PALM BEACH, FL 33415~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOY HOVT 2769 ASHLEY W #H W.P.B., FL 33415 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHEESEMAN, JUDITH 2910-F AHSLEY DR. EAST WEST PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~RESNICK, SYLVIA~~ ~~2717-C EMORY DRIVE WEST~~ WEST PALM BEACH, FL 33415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURY/DIRECTOR ROSE FREE 2717 ASHLEY W. #C W.P.B., FL 33415 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~TIPPENS, LOUISE~~ ~~2761-E EMORY DRIVE WEST~~ ~~W PALM BEACH, FL 33415~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOOKKEEPER AGNES KRILL 2650 E. BARKLEY DR, #B W.P.B., FL 33415 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Agnes Krill 2-2-08 561-967-7017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mitchell FEB 7 2008