

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000007582

Entity Name: JOHN D. CRAFTS, INC.

FILED
Oct 29, 2008
Secretary of State

Current Principal Place of Business:

711 LISBON RD
LISBON FALLS, ME 04252

New Principal Place of Business:

Current Mailing Address:

711 LISBON RD
LISBON FALLS, ME 04252

New Mailing Address:

FEI Number: 01-0281929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LORENE JOHNSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAFTS, JOHN D
Address: 711 LISBON RD
City-St-Zip: LISBON FALLS, ME 04252

Title: S () Delete
Name: DENCH, BRYAN M
Address: 95 MAIN ST - P O BOX 3200
City-St-Zip: AUBURN LS, ME 042123200

Title: T () Delete
Name: CRAFTS, MADELYN H
Address: 711 LISBON RD
City-St-Zip: LISBON FALLS, ME 04252

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CRAFTS

PRES

10/29/2008

Electronic Signature of Signing Officer or Director

Date