

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC -8 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J53720

1. Corporation Name
CRP HOLDINGS CORP.

REINSTATEMENT

2. Principal Office Address 99 BOULDER DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 99 BOULDER DRIVE Suite, Apt. #, etc.	
City & State MILFORD NH		City & State MILFORD NH	
Zip 03055	Country USA	Zip 03055	Country USA

98-06 CR2E081 (12/05) 98-06

4. Date Incorporated or Qualified To Do Business in Florida 9/27/1987

5. FEI Number 59-2763089 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 THOMAS F. PIERSON

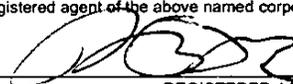
Street Address (P.O. Box Number is Not Acceptable) 8050 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc. 202

City TAMARAC

State FL Zip Code 33321

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.

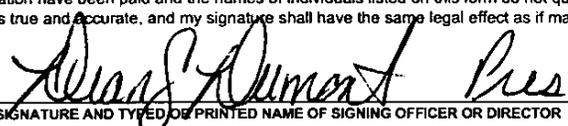
Signature of Registered Agent  Date 12/14/06

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
PRES SECY TREAS DIR	DEAN DUMONT	99 BOULDER DRIVE	MILFORD, NH 03055

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 contained in Chapter 119, 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:  Date 12/1/06 6036735184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #