

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *K 63996*

1. Corporation Name
Assembly CRAFT CORPORATION

2. Principal Office Address
202 School Rd.

3. Mailing Office Address
569 Rio Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Indian Mbr. Bch, FL

City & State
INDIALANTIC, FL

Zip Country
32937-3633 BREVARD

Zip Country
32903 BREVARD

REINSTATEMENT 06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida
Feb. 8, 1989

5. FEI Number
59-2938347

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
IVONNE M. Smith

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

Suite, Apt. #, Etc.

City
INDIALANTIC

State Zip Code
FL *32903*

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
[Signature]
REGISTERED AGENT MUST SIGN

Date
11-27-06

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
<i>V</i>	<i>SHAWN P. Smith</i>	<i>569 Rio Lane</i>	<i>INDIALANTIC, FL 32903</i>
<i>P</i>	<i>IVONNE M. Smith</i>	<i>569 Rio Lane</i>	<i>INDIALANTIC FL 32903</i>
			<i>40091504644</i>
			<i>11/03/06--01044--013 **193.75</i>

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 individual's 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
10/26/06
Daytime Phone #

202

October 26, 2006

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Subject: Assembly Craft Corporation
Re: Letter Number 806A00061176
Ref. Number K63996

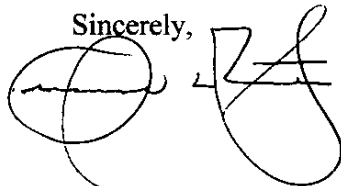
Dear Ms. Debra S Cooper
Document Specialist

Thank you for the forms to reinstate the Corporation, per our conversation on October 16, 2006.

In the year 2004 we were deeply affected by the hurricane we were force to moved. Receiving our mail was a problem. We just recently moved back, we received a notice from the Division of Corporation for the dissolution or revocation of the Corporation (K 63996), we were surprised, since we never received the 2006 annual report. I immediately called and informed that it was not our intentions to dissolve the corporation, and we deeply regret being in this situation and request a waived reinstatement fee.

Enclosed you will find the new application and a check for the amount of \$183.75 in the future to assure this problem will not exist again all mail will be received at 569 Rio Lane Indialantic, Florida, 32903.

Sincerely,



Ivonne M. Smith



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2006

ASSEMBLY CRAFT CORPORATION
569 RIO LANE
INDIALANTIC, FL 32903

SUBJECT: ASSEMBLY CRAFT CORPORATION
Ref. Number: K63996

Thank you for your correspondence of October 26, 2006, which has been forwarded to me for response.

The \$600 reinstatement fee may be waived due to non receipt of the notification card for the year of dissolution. Please revise your letter to state if your corporation received notification in 2006.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 406A00065448