


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -7 PM 4:00

DOCUMENT # P0000008068

1. Corporation Name
CROSSMAN'S STUCCO & STONE, INC.

Principal Place of Business	Mailing Address
11231 S.E. 112TH TR. INGLIS FL 34449	11231 S.E. 112TH TR. INGLIS FL 34449



REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/10/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0971982	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Roger Crossman	11231 SE 112 Tr	Inglis FL 34449
S	Mary Ann Crossman	11231 SE 112 Tr	Inglis, FL 34449
V	Kristel Crossman	11231 SE 112 Tr	Inglis, FL 34449
T	Kelly Crossman	11231 SE 112 Tr	Inglis, FL 34449
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			-12/26/01--01107--001
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROSSMAN, ROGER 11231 S.E. 112TH TR. INGLIS FL 34449	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Roger Crossman* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date: 12-7-01

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*****8.75 *****8.75

11. 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: *Mary Ann Crossman* **SIGNATURE REQUIRED**

AD

12-7-01 (352) 447-2039

Date Daytime Phone #

CR2E040 (8/01)