

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP -9 PM 3:51

DOCUMENT # P 00000048236

1. Corporation Name Crews Plumbing Co INC

900040921529
09/09/04--01016--004 **8.75

900040921529
09/09/04--01016--003 **1050.00

REINSTATEMENT 02-04

2. Principal Office Address

4230 Gulfbreeze Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

4230 Gulfbreeze Parkway

Suite, Apt. #, etc.

City & State

Gulfbreeze Fla

Zip

32563

Country

San Jose

City & State

Gulfbreeze Fla

Zip

32563

Country

San Jose

4. Date Incorporated or Qualified
To Do Business in Florida

May 11 2000

5. FEI Number

59-3646592

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

Joey Crews

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

1970 Sunrise Dr

Suite, Apt. #, Etc.

City

NAUATE

State

FL

Zip Code

32566

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

Joey Crews

REGISTERED AGENT MUST SIGN

Date 9-4-04

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
President	<u>Joey Crews</u>	<u>1970 Sunrise Dr Nauvate Fla</u>	<u>Nauvate Fla 32566</u>
Vice President	<u>" "</u>	<u>" "</u>	<u>" "</u>
Secretary	<u>" "</u>	<u>" "</u>	<u>" "</u>
Treasurer	<u>" "</u>	<u>" "</u>	<u>" "</u>

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 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

Joey Crews

Joey Crews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-04

Date

850-995-4140

Daytime Phone #

CR2E081 (01/04)