PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 20 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 02

1. Corporation Name
Craftsmanship Construction, Inc.

2. Principal Office Address	3. Mailing Office Address
631 27th Street NW	631 27th Street NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Fl.	City & State: Naples, Fl.
Zip: 34120 Country: USA	Zip: 34120 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/8/01

5. FEI Number: 65-1069959 ☐ 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: Eryk Hardwick

Street Address (P.O. Box Number is Not Acceptable): 631 27th Street NW

Suite, Apt. #, Etc.:

City: Naples State: FL Zip Code: 34120

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: Gretchen B. Hardwick
REGISTERED AGENT MUST SIGN

Date: 12/16/02

CR2E031 (9/01)

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
D	Eryk Hardwick	631 27th Street NW	Naples, Fl. 34120
S	Gretchen B. Hardwick	631 27th Street NW	Naples, FL 34120

12/24

10. I certify that I am an officer or director of 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: Gretchen B. Hardwick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/02
Date

239-825-9820
Daytime Phone #