

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000077391**

1. Corporation Name

CRAFTON CONSTRUCTION, INC.

Principal Place of Business

**979 SADDLEWOOD BLVD
LAKELAND FL 33809**

Mailing Address

**979 SADDLEWOOD BLVD
LAKELAND FL 33809**



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

2. New Principal Office Address, If Applicable

**535 Josh Reynolds Rd.
Suite, Apt. #, etc.
Lakeland, Florida
City & State
33801**

3. New Mailing Office Address, If Applicable

**535 Josh Reynolds Rd.
Suite, Apt. #, etc.
Lakeland, FL.
City & State
Zip 33801 Country USA**

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/2002

5. FEI Number

74-3052206

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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
D	CRAFTON, CHRISTOPHER	979 SADDLEWOOD BLVD	LAKELAND FL 33809

600023962936

10/21/03--01031--007 **150.00

10/16/03

8. Name and Address of Current Registered Agent

**BUSH, GEORGE T
205 AVE K SE
WINTER HAVEN FL 33880**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

Signature of Officer or Director

Christopher Crafton

10/16/03

Date

863-666-3629

Daytime Phone #

CR2E040 (7/03)

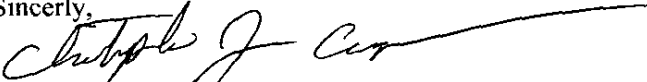
10/17/03

Florida Department of State,

This letter is to inform you that due to address change, I did not receive the two prior uniform business report notices for the Division of Corporations that were mailed to 979 Saddlewood Blvd, Lakeland, FL, 33809.

My new address is now 535 Josh Reynolds Rd, Lakeland, FL 33801. I am sorry for any inconvenience that this may have caused.

Sincerely,

A handwritten signature in black ink, appearing to read "Christopher J. Crafton", with a long horizontal flourish extending to the right.

Christopher Crafton
Crafton Construction Inc.