

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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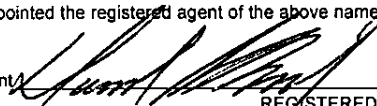
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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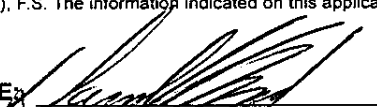
REINSTATEMENT 64

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000085905 1. Corporation Name FAMILY CRAFT, INC.			
2. Principal Office Address 240 S. Pineapple Ave Suite, Apt. #, etc. 10th Floor City & State Sarasota, FL Zip 34236		3. Mailing Office Address P.O. Box 49948 Suite, Apt. #, etc. Attn: Veronica City & State Sarasota, FL Zip 34230-6948	
4. Date Incorporated or Qualified To Do Business in Florida 08/07/2002		5. FEI Number 52-2370305 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Band, David S.		
Street Address (P.O. Box Number is Not Acceptable) 240 S. Pineapple Avenue		
Suite, Apt. #, Etc. 10th Floor		
City Sarasota	State FL	Zip Code 34236

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 	Date 11/23/04
REGISTERED AGENT MUST SIGN	

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
DPV	Band, David S.	240 S. Pineapple Ave.	Sarasota, FL 34236
DST	Kalin, Edward L.	5252 S. Tamiami Trail	Sarasota, FL 34231

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 	David S. Band, Pres.		11/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # 941-366-6660

CR2E081 (01/04)