2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# P02000108847

Entity Name: CREST INVESTMENT PROPERTY, INC.

Current Principal Place of Business:

856 2ND AVE. NORTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

7350 S. TAMIAMI TRAIL
#98
SARASOTA, FL 34231

Current Mailing Address:

856 2ND AVE. NORTH
ST. PETERSBURG, FL 33701

New Mailing Address:

7350 S. TAMIAMI TRAIL
#98
SARASOTA, FL 34231

FEI Number: 02-0708393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULLEM, JOHN P ESQ
856 2ND AVE. NORTH
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MCNAIR, JOEL
7350 S. TAMIAMI TRAIL
#98
SARASOTA, FL 34231 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOEL MCNAIR 10/16/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: MCNAIR, JOEL
Address: 856 2ND AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VPS ( ) Delete
Name: LENGEL, DONNA L
Address: 7350 SOUTH TAMIAMI TRAIL, STE 98
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: MCNAIR, JOEL
Address: 7350 S. TAMIAMI TRAIL #98
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL MCNAIR PDT 10/16/2009
Electronic Signature of Signing Officer or Director Date