

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000009538		
1. Entity Name SUNCREST ENTERPRISES, INCORPORATED		

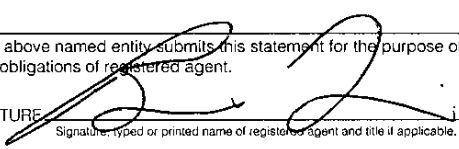
Principal Place of Business 175 COWBOY WAY LA BELLE, FL 33935	Mailing Address 175 COWBOY WAY LA BELLE, FL 33935
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2. Principal Place of Business 1451 Commerce Drive Suite, Apt. #, etc.	3. Mailing Address 1451 Commerce Drive Suite, Apt. #, etc.
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City & State LaBelle, FL	City & State LaBelle, FL
Zip 33935	Country USA
Zip 33935	Country USA

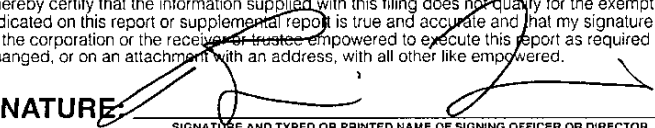
6. Name and Address of Current Registered Agent QUINN, BRIAN K 175 COWBOY WAY LA BELLE, FL 33935	
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7. Name and Address of New Registered Agent Name Brian K. Quinn Street Address (P.O. Box Number is Not Acceptable) 1451 Commerce Drive City LaBelle FL Zip Code 33935	
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 8-17-05	
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, BRIAN K 175 COWBOY WAY LA BELLE, FL 33935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Brian K. Quinn 1451 Commerce Drive LaBelle, FL 33935 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900058776689 08/19/05--01027--003 **300.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 8-17-05 DAYTIME PHONE # 865-635-8600

FILED
05 AUG 19 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04-05



08132005 REIN-P CR2E098 (6/04)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

AUG 23 2005