2005 FOR PROFIT CORPORATION REINSTATEMENT

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

REINSTATEMENT [illegible] 04-05

S Roberts AUG 23 2005

08132005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000009538

1. Entity Name
SUNCREST ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
175 COWBOY WAY LA BELLE, FL 33935	175 COWBOY WAY LA BELLE, FL 33935

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

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUINN, BRIAN K 175 COWBOY WAY LA BELLE, FL 33935	Name: Brian K. Quinn Street Address (P.O. Box Number is Not Acceptable): 1451 Commerce Drive City: LaBelle FL Zip Code: 33935

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 [signature] DATE 8-17-05
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)**

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
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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] 8-17-05 863-675-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S Roberts AUG 23 2005