
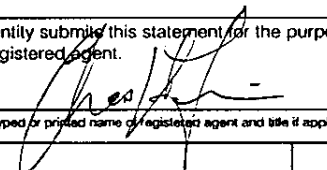
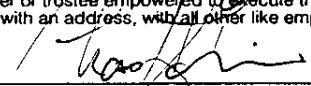


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000012558					
1. Entity Name CRAFTWRIGHT CORPORATION					
Principal Place of Business 206 DOUGLAS STREET UNIT 6 NEW SMYRNA BEACH, FL 32168			Mailing Address 206 DOUGLAS STREET UNIT 6 NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business 56 LIVE OAK LN. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 950358 Suite, Apt. #, etc.			
City & State NEW SMYRNA BEACH, FL		City & State LAKE MARY, FL 32795		4. FEI Number 20-0643456	
Zip 32168		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIMM, CHARLES H 206 DOUGLAS STREET UNIT 6 NEW SMYRNA BEACH, FL 32168		7. Name and Address of New Registered Agent Name: GRIMM, CHARLES H. Street Address (P.O. Box Number is Not Acceptable): 56 LIVE OAK LN. City: NEW SMYRNA BEACH FL Zip Code: 32168			
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:  DATE: July 13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIMM, CHARLES H HARLE 206 DOUGLAS STREET NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIMM, CHARLES HUGH 56 LIVE OAK LN NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500058343095 08/08/05--01038--007 **908.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: July 13/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

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SECRET
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05
06302005 REIN-P1 CR2E098(6/04)