

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P03000024027

1. Entity Name
VIEWCREW CORPORATION



Principal Place of Business

P.O. BOX 219
BAY PINES, FL 33744

Mailing Address

P.O. BOX 219
BAY PINES, FL 33744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11032004

REIN-P

CR2E098 (6/04)

4. FEI Number

11-3679547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS TELLBUESCHER, CHUCK
CITY-ST-ZIP P.O. BOX 219
BAY PINES, FL 33744

TITLE ☐ Delete
NAME T
STREET ADDRESS TELLBUESCHER, CHUCK
CITY-ST-ZIP P.O. BOX 219
BAY PINES, FL 33744

TITLE ☐ Delete
NAME S
STREET ADDRESS TELLBUESCHER, MARY
CITY-ST-ZIP P.O. BOX 219
BAY PINES, FL 33744

TITLE ☐ Delete
NAME D
STREET ADDRESS TELLBUESCHER, CHUCK
CITY-ST-ZIP P.O. BOX 219
BAY PINES, FL 33744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500042520655
CITY-ST-ZIP 11/05/04--01038--013 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Chuck Tellbuescher

APPROVED
FILED
04 NOV -5 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

PS 272



November, 3, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314


Reference: Document Number P03000024027

Dear Sir:

On or about September 9, 2004 I sent my annual report and a check for \$150.00. The check number is 2061 and is dated 9/9/2004. As of this date, that check has not cleared my bank.

I have printed another report and I am submitting it with this letter along with check #2063 for \$150.00.

When you find my original check please tear it in half and mail it back to me.

Respectfully,

Chuck Tellbuescher
President