


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000032807	
1. Entity Name 3R CRAFT INC.	

FILED
05 APR 14 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05



Principal Place of Business 2434 S. CONWAY RD #107 ORLANDO, FL 32812	Mailing Address 2434 S. CONWAY RD #107 ORLANDO, FL 32812
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2. Principal Place of Business P.O. BOX 570254	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04052005 REIN-P CR2E098 (6/04)

City & State ORLANDO, FL	City & State
Zip 32858	Country

4. FEI Number 03-0511240	Applied For Not Applicable
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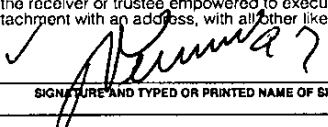
6. Name and Address of Current Registered Agent VEVERKA, MILOSLAV 2434 S. CONWAY RD #107 ORLANDO, FL 32812	
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7. Name and Address of New Registered Agent Name MILOSLAV VEVERKA Street Address (P.O. Box Number is Not Acceptable) 3730 CONDEL DRIVE City ORLANDO FL Zip Code 32812	
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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:  MILOSLAV VEVERKA REG. AGENT DATE: 4/06/05 (NOTE: Registered Agent signature required when reinstating)	
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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	P VEVERKA, MILOSLAV 2434 S. CONWAY RD, #107 ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 570254 ORLANDO, FL 32858
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 600052062426 04/26/05--01007--013 **300.00
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
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:  MILOSLAV VEVERKA PRES. DATE: 4/06/05 321-662-0449	

T. Roberts APR 22 2005