2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000032	807		FILED
1. Entity Name 3R CRAFT INC.			05 APR 14 PM 2:55
Principal Place of Business 2434 S. CONWAY RD #107	Mailing Address 2434 S. CONWAY RD #107	[0]	SECRETARITOR STATE TALLAHASSEE, FLORIDA
ORLANDO, FL 32812	ORLANDO, FL 32812	lvi.	
2. Principal Place of Business P. O. BOX 570254 -	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04052005 REIN-P CR2E098 (6/04)
City & State ORLANDO FL Zipa a — Country	City & State		4. FEI Number
Zip 2853 Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	None	7. Name and Address of New Registered Agent
VEVERKA, MILOSLAV			LOSLAV VEVERKA s (P.O. Box Number is Not Acceptable)
2434 S. CONWAY RD #107			
ORLAMOO, FL 32812		City 00	O CONDEL DRIVE LANDO FL 32912
The above named entity submits this statement for	or the ourgose of changing its reg		tered agent, or both, in the State of Florida. I am familiar with, and accep
the obligations of regimered Igent.	7 MILOSLA	Y VEVERA	KA .
SIGNATURE Signature, Tyled or printed name of registered agent	and little if applicable. (NOTE: Re	AGENT egistered Agent signature req	juired when reinstating) OATE
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 P NAME VEVERKA, MILOSLAV	☐ Delete	TITLE NAME	Mat Change ☐ Addition
STREET ADDRESS 2434 S. CONWAY RD, #107 CITY-ST-ZIP ORLANDO, FL 32812		STREET ADDRESS P.	0. BOX 570254 RLANDO, FL 32851
TITLE OTTENDO, TE 32012	☐ Delete	TITLE ,	Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP ·		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	Change
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP	04/26/0501007013 ***300.00
TITLE	☐ Detete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME Street address	
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME	ت مورورو	NAME	The state of the s
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addltic
STREET ADDRESS			
CITY OT 710 1		STREET ADDRESS	
CITY-ST-ZIP 12. I hereby certify that the information supplied with	h this filling does not qualify for th	CITY-ST-ZIP	Section 119.07(3)(i). Florida Statutes. I further certify that the information
12. Thereby certify that the information supplied with indicated on this report or supplemental report.	h this filing does not qualify for the strue and accurate and that my owned to execute this report as with all other like empowered. MILO.	CITY-ST-ZIP	Section 119.07(3)(i). Florida Statutes, I further certify that the information ne same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11
I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee empchanged, or on an attachment with an address. SIGNATURE:	with all other like empowered. MILO	CITY-ST-ZIP the exemption stated in signature shall have the required by Chapter 6 SLAV VEVE ORES,	Section 119.07(3)(i). Florida Statutes, I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 ERKA 4/06/05 321-662-0449 Daylone Phone * TROGERS APR 22