



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000089184 1. Entity Name HOUSE CRAFT INC.						FILED 05 JAN -4 PM 4:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 770 TRINIDAD AVENUE, S.E. PALM BAY, FL 32909				Mailing Address 770 TRINIDAD AVENUE, S.E. PALM BAY, FL 32909			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 REINSTATEMENT 2004 11/18/2004 (Filing Date) 11/18/2004 (Filing Date)			
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number 32-0118299		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BICKFORD, ROBERT E 2101 S. WAVERLY PLACE MELBOURNE, FL 32901			
7. Name and Address of New Registered Agent Name WILLIAM H. ROWLAND Street Address (P.O. Box Number is Not Acceptable) 770 TRINIDAD AVE. SE City PALM BAY, FL Zip Code 32909				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 WILLIAM H. ROWLAND / PRESIDENT DATE 12/29/04 <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 \$750.00 After January 1, 2005, Fee will be \$900.00				10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D LOOMER, TIM <input checked="" 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		D ROWLAND, WILLIAM <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	
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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	
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 687, 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: WILLIAM H. ROWLAND				Date 12/29/04 Daytime Phone # (321) 953-3066			