
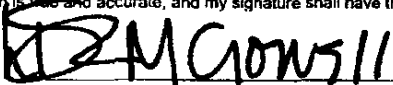


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION 2004-AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 MAY -3 PM 2:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000122500 1. Corporation Name Crojen Surveillance					
2. Principal Office Address 29 Fircrest Lane Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.		05/03/04 60149 025 \$145.00	
City & State Palm Coast, FL Zip 32137 Country USA		City & State		4. Date Incorporated or Qualified To Do Business in Florida 10-23-03	
				5. FEI Number 20-0363640 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Charles E. Hall, PhD, EA, CTP					
Street Address (P.O. Box Number is Not Acceptable) 77 Almeria Street					
Suite, Apt. #, Etc.					
City St. Augustine				State FL	Zip Code 32085
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres	Aron Jenkins	same as above			
VP.	Chet Crowell	100 Crothers Ave.		Cranston, RI 02910	
Sec.	Lisa Crowell	100 Crothers Ave		Cranston, RI 02910	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE:  3/8/05 4017385999 X134 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Due to an electronic error 2004 Annual Report was not processed