

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 23 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000005378

1. Corporation Name

TERRY CREWS FINISH CARPENTRY INC

2. Principal Office Address

1732 SEA FAIR DRIVE

3. Mailing Office Address

1732 SEA FAIR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FLORIDA

City & State

ST AUGUSTINE, FLORIDA

Zip
32080

Country

ST JOHNS

Zip
32080

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2004

5. FEI Number

20-0577429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TERRELL CREWS

Street Address (P.O. Box Numbers Not Acceptable)

1732 SEA FAIR DRIVE

Suite, Apt. #, Etc.

City

ST AUGUSTINE, FLORIDA

State

FL

Zip Code

32080

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
PRESIDENT	TERRELL CREWS	1732 SEA FAIR DRIVE	ST. AUGUSTINE, FLORIDA 32080

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 contained in Chapter 119, 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:

Terrell Crews

TERRELL CREWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-814-4678

Daytime Phone #

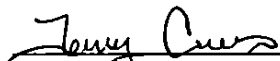
October 18, 2006

Re: Terry Crews Finish Carpentry Inc
P04000005378

To Whom It May Concern,

I was not aware of the dissolution of my corporation due to the fact of my moving twice since I originally incorporated. So due to this fact I never received the annual report notice. It was not until I went to renew my workman compensation exemption that I was made aware of this. I am trying to correct this issue in a timely manor. An abatement of the penalties would be greatly appreciated.

Thank You,


Terrell Crews