


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

09 MAR -4 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000102188	
1. Entity Name CRW FRAMING & CONSTRUCTION INC.	

Principal Place of Business 2607-B HARTSFIELD RD TALLAHASSEE, FL 32303	Mailing Address 2607-B HARTSFIELD RD TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box # 15 Starling Trace	3. Mailing Address 15 Starling Trace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crawfordville FL	City & State Crawfordville FL
Zip 32327	Zip 32327
Country U.S.A	Country U.S.A



03042009 REIN-P CR2E098 (1/07)

4. FEI Number 27-0127558	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 WILLIAMS, CHRISTIAN R 2607-B HARTSFIELD RD TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Christian A. Williams Street Address (P.O. Box Number is Not Acceptable) 15 Starling Trace City Crawfordville FL Zip Code 32327
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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 Chris Williams Christian Williams 3/4/09  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 WILLIAMS, CHRISTIAN R. 2607-B HARTSFIELD RD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000144929380 03/04/09--01007--001 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRETT, JESSE 2607-B HARTSFIELD RD TALLAHASSEE, FL 32303 <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	T JACKSON, WILLIAM 2607-B HARTSFIELD RD TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Robert Lemacks 836 E. Call St. Tallahassee, FL, 32301
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
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

**REINSTATEMENT**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Chris Williams 3/4/09 850-688-7922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #