

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000034935**

1. Corporation Name
CREWS "N" II, INC.

FILED

01 NOV -5 PM 6:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 3199 SOUTH FLETCHER AVENUE FERNANDINA BEACH FL 32097 US SOLD	Mailing Address 223 U.S HIGHWAY 17 SOUTH YULEE FL 32097
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/26/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3314117	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<i>DP</i>	CREWS, JAMES W II	223 U.S HIGHWAY 17 SOUTH	YULEE FL 32097

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 758.75 *758.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

CREWS, JAMES W II
 3243 RIVER ROAD
 GREEN COVE SPRINGS FL 32043

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *James W. Crews II* Date: 10-30-01
 REGISTERED AGENT MUST SIGN

11. 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: *James W. Crews II* Date: 10-30-01 Daytime Phone #: 904284-0430
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/01)