

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -3 PM 1:09

DOCUMENT # P96000072060

1. Corporation Name

Crestwood Construction Corporation

2. Principal Office Address

20363 Lorette Ave

3. Mailing Office Address

P. O. Box 495943

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33954

Country

USA

Zip

33949

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0726025

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

Edward G. Kolba

Street Address (P.O. Box Number is Not Acceptable)

20363 Lorette Ave

Suite, Apt. #, Etc.

400040808304

09/03/04--01039--013 **1098.75

City

Port Charlotte

State

FL

Zip Code

33954

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

Edward G. Kolba

REGISTERED AGENT MUST SIGN

Date

8/31/2004

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
P	Joseph C. Cast	20363 Lorette Ave	Port Charlotte, FL 33954
O	Edward G. Kolba	20363 Lorette Ave	Port Charlotte, FL 33954

REINSTATEMENT 02-04

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:

Edward G. Kolba

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/31/2004

Daytime Phone #

941-627-2625

CRE2001 (01/04)