

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

DOCUMENT # P98000014918

1. Corporation Name

William E. Craig & Associates, Inc.

2234 NE 2nd Avenue
2234 NE 2nd Avenue

2. Principal Office Address

2234 NE 2nd Avenue

3. Mailing Office Address

2234 NE 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip
33137

Country
Miami-Dade

Zip
33137

Country
Miami-Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-0814922

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
William E. Craig

Street Address (P.O. Box Number is Not Acceptable)
2234 NE 2nd Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL Zip Code
33137

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

William E. Craig

Date 11-15-2004

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
P	William E. Graig	2234 NE 2nd Avenue	Miami, FL. 33137

400043366954
12/13/04--01061--016 **1050.00

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:

William E. Craig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-04

Date

305-573-8440

Daytime Phone #

CR2E081 (01/04)