

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED 00 FEB -4 AM 11:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000066222

1. Corporation Name CRESPO PAINTING, INC.

Principal Place of Business 2585 OUTRIGGER LANE NAPLES FL 34104 Mailing Address 2585 OUTRIGGER LANE NAPLES FL 34104



REINSTATEMENT [Signature]

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 07/27/1998 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for PSTD CRESPO, ARIEL G and 5000003136655-7.

8. Name and Address of Current Registered Agent CRESPO, ARIEL G 2585 OUTRIGGER LANE NAPLES FL 34104

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 [Signature] DATE 1-28-00 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 11-29-99 (941) 434-7267 Daytime Phone # KE

CR2E040 (8/99)