

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 NOV 29 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000008994

1. Corporation Name

CRAIN CONSTRUCTION CONSULTING, INC.

Principal Place of Business

Mailing Address

677 N WASHINGTON BLVD. SUITE #9  
SARASOTA FL 34236

677 N WASHINGTON BLVD. SUITE #9  
SARASOTA FL 34236

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4125 Bee Ridge Rd.

4125 Bee Ridge Road

City & State  
Sarasota, Florida

City & State  
Sarasota, Florida

Zip 34233

Country USA

Zip 34233

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1999

5. FEI Number

65--0902555

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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
P	CRAIN, ROBERT L JR	4125 Bee Ridge Rd.	Sarasota, FL 34233
V	Gerald W. Lawson	4125 Bee Ridge Rd.	Sarasota, FL 34233
			200003500522--0 -12/13/00--01106--015 *****600.00 *****600.00
			200003500522--0 -12/13/00--01106--016 *****150.00 *****150.00
			200003500522--0 -12/13/00--01106--017 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRAIN, ROBERT L JR  
677 N WASHINGTON BLVD, SUITE #9  
SARASOTA FL 34236

Name

Robert L. Crain, Jr.

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

4125 Bee Ridge Rd.

Suite, Apt. #, Etc.

City

Sarasota, Florida

State

FL

Zip Code

34233

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]*  
REGISTERED AGENT MUST SIGN

Date 10/25/00

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]* Robert L. Crain, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/25/00 941-342-7472  
Daytime Phone #