

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000008994

1. Corporation Name

Crain Construction Consulting, Inc.

2. Principal Office Address

115 N. Tamiami Trail

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

City & State

Nokomis, Florida

City & State

Zip

34275

Country

USA

Zip

Country

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

Jan 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

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Robert L. Crain, Jr.

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

1865 Country Meadows Ct.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34235

100035260831
05/03/04--01053--025 **901.00

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

[Signature]

Date

4/29/04

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
PSD	Robert L. Crain, Jr.	1865 Country Meadows Ct	Sarasota, Florida 34235
VTD	Gerald W. Lawson	765 Shamrock Blvd.	Venice, Florida 33595

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 941-485-6307

Date

Daytime Phone #

CR2E081 (3/04)

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