

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -4 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050317

1. Corporation Name

Craftsmen Builders, Inc.

2. Principal Office Address

418 NE 6TH AVE

Suite, Apt. #, etc.

City & State

Deerfield Beach, Florida

Zip

33441

Country

USA

3. Mailing Office Address

418 NE 6TH AVE

Suite, Apt. #, etc.

City & State

Deerfield Beach, Florida

Zip

33441

Country

USA

REINSTATEMENT 02-07

4. Date Incorporated or Qualified

To Do Business in Florida 5/31/1999

5. FEI Number

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

Pamela J. Bruscino

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

418 NE 6th Ave

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

300039866109
08/04/04--01038--001 **1350.00

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

Pamela J. Bruscino

Date 8/02/04

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 |
|--------|--------------------------------------|---|---------------------|
| P/T/S | Pamela J. Bruscino | 6119 Hessen Cassel Road | Ft. Wayne, IN 46816 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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:

Pamela J. Bruscino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/02/04

Date

260-447-4852

Daytime Phone #


CR25061 (01/04)

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

| | | | |
|---|--|--|--|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested Craftsmen Builders, Inc. | | |
| | 2 Trade name of business (if different from name on line 1) | | 3 Executor, trustee, "care of" name Robert Brusino |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) 418 NE 6th Ave | | 5a Street address (if different) (Do not enter a P.O. box.) |
| | 4b City, state, and ZIP code Deerfield Beach, FL 33441 | | 5b City, state, and ZIP code |
| | 6 County and state where principal business is located Broward, Florida | | |
| | 7a Name of principal officer, general partner, grantor, owner, or trustee Pamela J. Brusino | | 7b SSN, ITIN, or EIN 365-72-1439 |
| 8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ | | | |
| <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____ | | | |
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida | | Foreign country | |
| 9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Building Construction / Gen Contractor <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ | | | |
| <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | | | |
| 10 Date business started or acquired (month, day, year) 5/31/1999 | | 11 Closing month of accounting year December | |
| 12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ 10/01/04 | | | |
| 13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-". ▶ | | Agricultural 0 | Household 0 |
| | | Other 10 | |
| 14 Check one box that best describes the principal activity of your business. <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____ | | | |
| 15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Residential Single & Multi Family | | | |
| 16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c. | | | |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____ | | | |
| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____ | | | |
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | | |
| | Designee's name Robert Brusino Address and ZIP code 418 NE 6th Ave, Deerfield Beach, FL 33441 | | Designee's telephone number (include area code) (954) 429-1834 Designee's fax number (include area code) (954) 446-1565 |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | | |
| Name and title (type or print clearly) ▶ Pamela J. Brusino, President | | | Applicant's telephone number (include area code) (260) 447-4852 Applicant's fax number (include area code) (954) 446-1565 |
| Signature  Date ▶ _____ | | | |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 15055N

Form **SS-4** (Rev. 12-2001)