PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



8. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

: Katherine Harris Secretary of State €

DIVISION OF CORPORATIONS

P99000067653 DOCUMENT #

1. Corporation Name

HOUSECRAFT SERVICES, INC.

Principal Place of Business

Mailing Address

4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228	4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228	REINSTATEMENT 01-02			
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable 3. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	Date Incorporated or Qualified To Do Business in Florida 07/26/1999			
Sarasota, Fl.	City & State Saresota Fl.	5. FEI Number 6. S-09898 NOT APPLICABLE Applied For Not Applicable			
in Country	Zin Country	S8.75 Additional Fee require			

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7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Florida	a nonprofit	corporations must list at lea	st 3 directors)		
Title(s) 1	2	Name of Officers and/or Directors	3	3	Street Address of Each Officer and/or Director		Cit	y / State / Zip
PD	ASTLEY, (CAROLINE			LF OF MEXICO DRIVE, S	BUITE	tongboat KEY F	
					3			
						10	-08/13/02- ****750.00	22318: -01028021 0 ****750.00
						10	000707:	22318 -01028022
					_			0 ****150.00

ASTLEY, CAROLINE 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
EGNOSOM NET 1 E 07220	Sarasota	State	Zip Code 34236

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

ASTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

FILED

02 JUN 20 PM 2: 54

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

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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.

4/30/02