

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 PM 4:49

DOCUMENT # P99000070277

1. Corporation Name

CRAFTSMAN SERVICES, INC.

Principal Place of Business

Mailing Address

2845 WEST KING STREET, UNIT D2
COCOA FL 32926

2845 WEST KING STREET, UNIT D2
COCOA FL 32926

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

3717 Bayfield St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cocoa, FL

Zip

Country

Zip

Country

32926

USA

4. Date Incorporated or Qualified To Do Business in Florida

08/09/1999

5. FEI Number

59-3592604

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
D	HERNANDEZ, ALFRED J	3717 BAYFIELD STREET	COCOA FL 32926
D	HERNANDEZ, LORI J	3717 BAYFIELD STREET	COCOA FL 32926
			800003496198--9 -12/12/00--01005--004 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARKEY & FOWLER, P.A. 410 WEST MERRITT AVENUE MERRITT ISLAND FL 32953	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 REQUIRED

Date

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:

Alfred J. Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Nov. 2000

Date

Daytime Phone #

34 631 5584

4

To Whom It May Concern:

As per the telecon between Michelle and Alfred Hernandez on November 14, 2000, we are enclosing \$150.00 and the completed form serving as a corporate annual report. This is due to the fact that your records show your second notice was returned to you by the United States Postal Service as undeliverable. I have no idea why they did this. I hope this resolves this matter and I trust you will grant legal status to our corporation as soon as possible. If you have any problems or questions, please contact us at 321 631 5584. I sincerely hope your records will be updated to show the new office address so that we may avoid this problem in the future.

Sincerely,

Alfred J Hernandez
President