

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S97315

**FILED**  
**Oct 07, 2011**  
**Secretary of State**

**Entity Name:** C & P CRAIG ENTERPRISES, INC.

**Current Principal Place of Business:**

6999 MERRILL RD  
SUITE 2  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

3443 HOOVER LN  
JACKSONVILLE, FL 32277

**New Mailing Address:**

**FEI Number:** 59-3105274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CRAIG, WILLIE C  
3443 HOOVER LANE  
JACKSONVILLE, FL 32277 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIE C. CRAIG

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: CRAIG, WILLIE C.  
Address: 3443 HOOVER LN  
City-St-Zip: JACKSONVILLE, FL

Title: DVS  
Name: CRAIG, PATRICIA A  
Address: 3443 HOOVER LN  
City-St-Zip: JACKSONVILLE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A. CRAIG

DVS

10/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date