

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:20

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # - P97000108299

1. Corporation Name

THE CRAIGMORE CORPORATION

REINSTATEMENT 03



100024213021
 10/28/03--01064--011 **750.00

Principal Place of Business

Mailing Address

2600 S OCEAN BLVD
 21F
 BOCA RATON FL 33432

GARY L SHAPIRO
 PO BOX 27-3369
 BOCA RATON FL 33427

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

~~40 Fieldstone Drive~~
 Suite, Apt. #, etc.
 22107 MARTELLA Ave

Suite, Apt. #, etc.

City & State ~~Somerville, NJ~~
 Boca Raton FL

City & State
 Boca Raton FL

Zip 33343 Country ~~New Jersey~~
 Palm Beach

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

12/24/1997

5. FEI Number

65-0801743

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
PD	SHAPIRO, LLOYD	40 FIELDSTONE DRIVE	SOMERVILLE NJ 08876
S	MCMILLEN, COLLEEN S	PO BOX 24-269	CHRISTIANSTED, ST CROIX USVI
VD	SHAPIRO, GARY L	PO BOX 24-279	CHRISTIANSTED, ST CROIX USVI

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHAPIRO, GARY L
 2600 S OCEAN BLVD 21 F
 BOCA RATON FL 33432

Name
 William E McMillen
 Street Address (P.O. Box Number is Not Acceptable)
 22107 MARTELLA Ave.
 Suite, Apt. #, Etc.

City Boca Raton State FL Zip Code 33433

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. or 617.0505, F.S.

Signature of Registered Agent
 REGISTERED AGENT MUST SIGN

Date 10/21/03

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: GARY L SHAPIRO Vice Pres 10/21/03 561-289-5999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EM40 (7/03)