

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 APR 19 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S00515

1. Corporation Name  
A&B Crews & Sons, Inc.

2. Principal Office Address  
13365 Little Joe Pl.

3. Mailing Office Address  
13365 Little Joe Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Bryceville, Fl

City & State  
Bryceville, Fl

Zip  
32009

Country  
Nassau

Zip  
32009

Country  
Nassau

4. Date Incorporated or Qualified To Do Business in Florida  
10-01-90

5. FEI Number  
59-3029579

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 Crews, Allen R.

Street Address (P.O. Box Number is Not Acceptable) 13365 Little Joe Pl. 400005482794--0

Suite, Apt. #, Etc.

-05/08/02--01009--006  
\*\*\*300.00 \*\*\*300.00

City Bryceville

State FL Zip Code 32009

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

*Allen R. Crews*

REGISTERED AGENT MUST SIGN

Date 4-13-02

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
DP	Crews, Allen, R.	13365 Little Joe PL.	Bryceville, FL 32009

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:

*Allen R. Crews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-02  
Date

904-579-7484  
Daytime Phone #

CR2E081 (9/01)

*M. 4/13/02*

A & B CREWS & SONS, INC.  
13365 LITTLE JOE PLACE  
BRYCEVILLE, FL 32009

April 11, 2002

RE: UBR REPORT 2001/UBR REPORT 2002/REINSTATEMENT  
DOCUMENT # S00515

DEAR DEPT OF STATE:

AS PER INSTRUCTIONS FROM YOU OFFICE AS TO REINSTATING THE ABOVE CORPORATION, I AM ENCLOSING THE REINSTATEMENT FORM FOR THE ABOVE LISTED CORPORATION AND A CHECK FOR \$300.00. THE UBR REPORT WAS NOT FILED LAST YEAR BECAUSE OF A CHANGE IN ADDRESS INWHICH WE DID NOT RECEIVE OUR UBR REPORT. THE ENCLOSED AMOUNT IS FOR THE FILING FEE FOR 2001 AND FOR 2002. PLEASE REINSTATE OUR CORPORATION.

SINCERELY,



ALLEN CREWS  
PRESIDENT