PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

99 NOV 15 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000091145**

1. Corporation Name

ROBERT A. SCARTOZZI CUSTOM BUILDERS, INC.

Principal Place of Business	Mailing Address
31608 US HWY..19 NORTH PALM HARBOR FL 34684	~~31608 US HWY..19 NORTH~~ ~~PALM HARBOR FL 34684~~

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
Suite, Apt. #, etc.	2534 RICHARDS RD Suite, Apt. #, etc.
City & State	TARPON SPRINGS, FL City & State
Zip / Country	Zip 34689 / Country USA.

4. Date Incorporated or Qualified To Do Business In Florida: 10/26/1998

5. FEI Number: 59-3549149 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SCARTOZZI, ROBERT A	~~31608 US HWY..19 NORTH~~	~~PALM HARBOR FL 34684~~
		2534 RICHARDS RD.	TARPON SPRINGS FL 34689
			200003063372--9
			-12/07/99--01077--018
			****750.00 ****750.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

SCARTOZZI, ROBERT A
~~31608 US HWY..19 NORTH~~
~~PALM HARBOR FL 34684~~

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 2534 RICHARDS RD.

Suite, Apt. #, Etc.

City: TARPON SPRINGS, FL. 34689 — State: FL — Zip Code

CR2E040 (8/99)

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: REQUIRED — Date: 11.9.99

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: Robert Scartozzi President — 11.9.99 — 727-938-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084897 AP