

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 SEP 14 PM 4:10

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # 605987 Corporation Name CUSTOM CRAFT CONTRACTOR, INC.

Principal Place of Business Mailing Address 15755 N.W. 124 AVE. MIAMI FL 33018



If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida 01/08/1979 5. FEI Number 59-1868617 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for TORAL JOSE and TORAL R.

000003405090--6 -09/26/00--01096--001 \*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent TORAL, RODOLFO 905 SULTAN AVENUE 01 OPA-LOCKA FL 33054

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date 9/1/00 KE REGISTERED AGENT MUST SIGN

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: [Signature] Pres. 8/1/00 Date Daytime Phone # 305-582-2814

CR2E040 (8/99)