

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 632681</b> 1. Entity Name <b>IDEAL CUSTOM WORK, INC.</b>	
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FILED  
 06 OCT -3 PM 3:01  
 COUNTY CLERK OF STATE  
 PALM BEACH, FLORIDA

Principal Place of Business <b>9442 N.W. 109TH ST. MEDLEY, FL 33178</b>	Mailing Address <b>9442 N.W. 109TH ST. MEDLEY, FL 33178</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09272006 REIN-P CR2E098 (11/05) **06**

4. FEI Number <b>59-1927331</b>	Applied For
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Not Applicable

**6. Name and Address of Current Registered Agent**

~~CARTAYA, FRANCISCO  
 13221 S.W. 17TH COURT  
 MIRAMAR, FL 33027~~

**7. Name and Address of New Registered Agent**

Name: **Hugo A. Calvo**  
 Street Address (P.O. Box Number is Not Acceptable): **9442 NW 109 Street**  
 City: **Medley, FL** Zip Code: **33178**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Hugo A. Calvo DATE: 9/26/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVO, HUGO A		NAME		
STREET ADDRESS	6830 SW 130TH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE, FL 33330		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVO, CARLOS A		NAME		
STREET ADDRESS	4500 WEST 19TH CT #136		STREET ADDRESS		
CITY - ST - ZIP	HIALEAH, FL 33012		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hugo A. Calvo DATE: 9/26/06 (305) 889-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR