2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000005118

Entity Name: CUSTOM CAPITAL CORP.

FILED Dec 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4780 SUNRISE HIGHWAY 1016 PARK BLVD

MASSAPEQUA PARK, NY 11762 MASSAPEQUA PARK, NY 11762

Current Mailing Address: New Mailing Address:

4780 SUNRISE HIGHWAY 1016 PARK BLVD

MASSAPEQUA PARK, NY 11762 MASSAPEQUA PARK, NY 11762

FEI Number: 11-3326726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MUNROE, W. BRADLEY 239 EAST VIRGINIA STREET TALLAHASSEE, FL 32301 US

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.

SIGNATURE: BRADLEY MUNROE

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP () Delete Title: CP (X) Change () Addition

Name: LEWKOWITZ, FRANK Name: LEWKOWITZ, FRANK
Address: 4780 SUNRISE HIGHWAY Address: 1016 PARK BLVD.

City-St-Zip: MASSAPEQUA PARK, NY 11762 City-St-Zip: MASSAPEQUA PARK, NY 11762

Title: ST () Delete Title: ST (X) Change () Addition

Name: FAILING, JEFFREY Name: FAILING, JEFFREY
Address: 4780 SUNRISE HIGHWAY Address: 1016 PARK BLVD.

City-St-Zip: MASSAPEQUA PARK, NY 11762 City-St-Zip: MASSAPEQUA PARK, NY 11762

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORY LEWKOWITZ VP 12/12/2005