2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H93563		- 1.			
1. Entity Name R. J. CUSTOM BUILDERS, INC.	•	6		FIL	FN
0 1 W 6096 J		1			
	# g			04 DEC -:	2 PM 4: 28
Principal Place of Business Mailing Address 231 COUNTRY CLUB % DAVID A. SIMPSON				T. T. JOERDETAIN	reta estása
SHALIMAR; FL" 32549 from Section 1999 MAR WALT DRIVE, SUITE 1024 FORT WALTON BEACH, FL 32548					
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	. #, etc. Suite, Apt. #, etc.			11142004 REIN-P	CR2E098 (6/04)
City & State	City & State		4. FEI Number 59-2620799	Applied For Not Applicable	
Zip Country	Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Curren	Registered Agent		N	7. Name and Address of New F	Registered Agent
SIMPSON, DAVID A	يرمه والشريو		Name	<u> </u>	. •• ••
909 MAR WALT DRIVE SUITE 1024			Street Address (P.O. Box Number is Not Acceptable)		
FORT WALTON BEACH, FL 32548					
			City		FL Zip Code
The above named entity submits this statement if the obligations of registered agent.	or the purpose of changing its	registered	office or register	ed agent, or both, in the State of Fl	orida. I am familiar with, and accept
				,,,1	itle
SIGNATURE Signature, typed or printed hame of registered ager	t and title if applicable.	E: Registered /	Agent signature requir	ed when reinstating)	DATE
FiLE NOW!!! FEE IS \$150.00	a first attack in the fact	ty 5 m	ণ		(\$) 607.193(2)(b), F.S., the
After January 1, 2008, Fee will be \$300.		1125 20	, ¢		not receive the prior notice.
10. OFFICERS AND		11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 11
TITLE D NAME JONKE, ROBERT	" Delete"	title''' Namé	42 5	!	☐ Change ☐ Addition
STREET ADDRESS 231 COUNTRY CLUB ROAD	-		ADDRESS F	•	,
CITY-ST-ZIP SHALIMAR, FL		CITY-ST	<u> </u>	TO AND THE PROPERTY OF THE PARTY OF THE PART	M
ITILE DST NAME JONKE, SUE ANN	☐ Delete	TITLE)		I A LEGIEN !	Change Addition
STREET ADDRESS 231 COUNTRY CLUB ROAD			ADDRESS		
CITY-ST-ZIP SHALIMAR, FL	• •	CITY-SI	r-ZIP		
TITLE	☐ Detete	TITLE Name			☐ Change ☐ Addition
STREET ADDRESS			ADDRESS		•
CITY-ST-ZIP		CITY-S1	r-zip ~	-	
TITLE NAME	☐ Delete	title Name			☐ Change ☐ Additlen
STREET ADDRESS		1	ADDRESS		
CITY-ST-ZIP		CITY-ST	r-ZIP		
NAME	Delete	TITLE NAME			Change Addition
STREET ADDRESS			ADDRESS	900043 12/02/040105	9011 **150.00
CITY-ST-ZIP		CITY-S1	T - ZNP		
TITLE NAME	☐ Delete	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS			ADDRESS		
CITY-ST-ZIP	sh shin Piling December 200	CITY-SI		-N 440 07/0V/0 FI- 11 0	1 South an annual Control of the Control
12. I hereby certify that the information supplied wi indicated on this report or supplemental report of the compretion	urrans riling does not qualify for is true and accurate and that re- powered to execute this report	r ine exemp my signatur as required	puon stated in Se re shall have the s d by Chapter 607	ction 119.07(3)(!), Florida Statutes. same legal effect as if made under '. Florida Statutes: and that my new	oath; that I am an officer or director
of the corporation or the receiver or trustee em changed, or on an attachment with an address	, with all other like empowered.	- /			A appears in block to of block (14)
SIGNATURE: KAN	See 1	beer 1	- JONES	2 11-30-04	609-6033
SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	R	Date	Daytime Phone #