
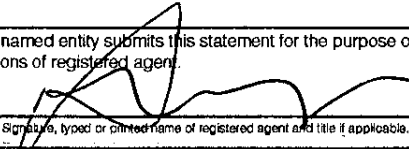
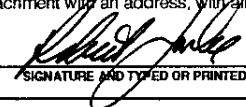


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H93563 1. Entity Name R. J. CUSTOM BUILDERS, INC.						FILED 04 DEC -2 PM 4:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 231 COUNTRY CLUB SHALIMAR, FL 32549				Mailing Address % DAVID A. SIMPSON 909 MAR WALT DRIVE, SUITE 1024 FORT WALTON BEACH, FL 32548			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-2620799				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SIMPSON, DAVID A 909 MAR WALT DRIVE SUITE 1024 FORT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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: 			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: D <input type="checkbox"/> Delete NAME: JONKE, ROBERT STREET ADDRESS: 231 COUNTRY CLUB ROAD CITY-ST-ZIP: SHALIMAR, FL				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: REINSTATEMENT STREET ADDRESS: 01 CITY-ST-ZIP:			
TITLE: DST <input type="checkbox"/> Delete NAME: JONKE, SUE ANN STREET ADDRESS: 231 COUNTRY CLUB ROAD CITY-ST-ZIP: SHALIMAR, FL				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: REINSTATEMENT STREET ADDRESS: 01 CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: REINSTATEMENT STREET ADDRESS: 01 CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: REINSTATEMENT STREET ADDRESS: 01 CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: REINSTATEMENT STREET ADDRESS: 01 CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: REINSTATEMENT STREET ADDRESS: 01 CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: REINSTATEMENT STREET ADDRESS: 01 CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: REINSTATEMENT STREET ADDRESS: 01 CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: REINSTATEMENT STREET ADDRESS: 01 CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: REINSTATEMENT STREET ADDRESS: 01 CITY-ST-ZIP:			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Robert Jonke 11-30-04 609-6033 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			