PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 OCT -3 AM 9:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 353281

1. Corporation Name

DeAngelis Custom Builders, Inc.

REINSTATEMENT 03

300023549153
10/03/03--01069--019 **750.00

2. Principal Office Address		**3.** Mailing Office Address	
5401 Taylor Road		5401 Taylor	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
5		5	
City & State		City & State	
Naples, Florida		Naples, Florida	
Zip	Country	Zip	Country
34109	Collier	34109	Collier

4. Date Incorporated or Qualified To Do Business in Florida 01/23/1987

5. FEI Number 59-2754604 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jay DeAngelis

Street Address (P.O. Box Number is Not Acceptable): 5401 Taylor Road

Suite, Apt. #, Etc.: 5

City: Naples | State: FL | Zip Code: 34109

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 10/03

REGISTERED ~~AGENT MUST~~ SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Jay DeAngelis	5401 Taylor Road Suite 5	Naples/Fl/34109

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/3