

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUN -4- PM 6:41-

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 98685

1. Corporation Name

Pm Custom Designs, INC.

2. Principal Office Address

6390 ANDERSON WAY

Suite, Apt. #, etc.

A

City & State

MELBOURNE, FL.

Zip

32940

Country

USA

3. Mailing Office Address

6390 ANDERSON WAY

Suite, Apt. #, etc.

A

City & State

MELBOURNE, FL.

Zip

32940

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-12-88

5. FEI Number

592904250

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

PATRICK R. MALEK

Street Address (P.O. Box Number is Not Acceptable)

6390 ANDERSON WAY

Suite, Apt. #, Etc.

A

City

MELBOURNE

600004488356-3

-07/20/01--01102--010

***1050.00 ***1050.00

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

Patrick R. Malek

REGISTERED AGENT MUST SIGN

Date 5/2/01

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
P	PATRICK R. MALEK	1101 S. MIRAMAR AVE	INDI ALANTIC, FL. 32940
	900.00-Adm		
	61.25-AR		
	88.75-ARsup		

REINSTATEMENT

99-01

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

Patrick R. Malek

CR2E081 (9/00)