

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000001893

1. Corporation Name

Customized Payroll Services, Inc.

700009485577
12/12/02--01037--005 **150.00

2. Principal Office Address

5317 Fruitville Road

Suite, Apt. #, etc.

#131

City & State

Sarasota, FL

Zip

34232

Country

USA

3. Mailing Office Address

5317 Fruitville Road

Suite, Apt. #, etc.

#131

City & State

Sarasota, FL

Zip

34232

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/2000

5. FEI Number

65-0973321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Christian P. Kurutz

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

4785 Hansard Avenue

Suite, Apt. #, Etc.

City

North Port

State
FL

Zip Code

34286

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

REGISTERED AGENT MUST SIGN

Date 12/9/02

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
P	Christian P. Kurutz	4785 Hansard Ave	North Port, FL 34286
VP	Casey Deinert Kurutz	4785 Hansard Ave	North Port, FL 34286

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

12/9/02 (888) 554-2774
Date Daytime Phone #

8/12/12



The Employee Leasing & Payroll Specialists

December 9, 2002

Mr. Jim Smith
C/o Florida Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

Dear Mr. Smith:

The following includes a corporation reinstatement application. We never received an application for renewal this past year. We had no idea our corporation was dissolved until very recently when we looked up our company on the corporation page on the internet for our Federal I.D. number. I thank you for your time and attention to this matter. Please do not hesitate to call us with any questions or concerns at the following number (888)554-2774. Thank you.

Sincerely,

Christian P. Kurutz
President