

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017374

1. Corporation Name

CUSTOM REAL ESTATE SERVICES, INC.

2. Principal Office Address

2450 OCEAN SHORE BLVD

Suite, Apt. #, etc.

#2

City & State

ORMOND BEACH, FL

Zip

32176

Country

USA

3. Mailing Office Address

P.O. BOX 2602

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

Zip

32175

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/14/2000

5. FEI Number

59-3640075

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

MARGARET E. MASON

900009476809

12/12/02--01022--002 **150.00

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

2450 OCEAN SHORE BLVD #2

Suite, Apt. #, Etc.

ORMOND BEACH

City

State

FL

Zip Code

32176

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

Margaret E. Mason
REGISTERED AGENT MUST SIGN

Date 12/3/2002

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
PRES	MARGARET E. MASON	2450 OCEAN SHORE #2	ORMOND BEACH FL 32176
SECT	DANIEL E. MASON	2450 OCEAN SHORE #2	ORMON BEACH FL 32176

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:

Margaret E. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/02 386-441-9465
Date Daytime Phone #

CR2E081 (9/01)

December 3, 2002

P00000017374 Custom Real Estate Services, Inc.

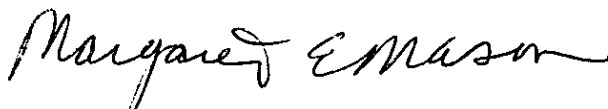
I can only state that if the annual report notice had been received by me, it would have gone directly to our accountant who filed the corporate taxes in March, 2002, and that would have been filed at the same time.

Unfortunately, I do not recall receiving the paperwork and the accountant's office has no record of it in our file.

Even more unfortunate, we cannot ask the accountant about it because she died of a heart attack this summer.

Please do not dissolve the corporation. We are newly formed and will make diligent efforts in the future to comply with all requirements to file in a timely manner. I enclose check #10018 for One Hundred and Fifty Dollars (\$150.00) to reinstate the corporation. Please note that the mailing address has changed to P. O. Box 2602, Ormond Beach, FL. 32175-2602, and the new phone number, if you require it, is 386-441-9465.

Thank you for your consideration.

A handwritten signature in cursive script that reads "Margaret E. Mason". The signature is written in dark ink and is positioned above the printed name.

Margaret E. Mason, President