

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000028657

1. Corporation Name

JJR CUSTOM HOMES & DEVELOPMENT CORP.

Principal Place of Business

~~930 CLINT MOORE ROAD~~
~~BOCA RATON FL 33487~~

Mailing Address

~~930 CLINT MOORE ROAD~~
~~BOCA RATON FL 33487~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~6600 W. Rogers Cir.~~
~~Suite, Apt. #, etc. #6~~

City & State

~~Boca Raton, FL 33487~~

Zip

Country

3. New Mailing Office Address, If Applicable

~~6600 W. Rogers Cir.~~
~~Suite, Apt. #, etc. #6~~

City & State

~~Boca Raton, FL 33487~~

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2000

5. FEI Number

65-1046374

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROBERTS, JOHN C	8104 TWIN LAKE DRIVE	BOCA RATON FL 33496
VP	ROBERTS, JOANNE T	8104 TWIN LAKE DRIVE	BOCA RATON FL 33496

800009247148
11/27/02--01106--014 **150.00

8. Name and Address of Current Registered Agent

ROTHMAN, LEE MAX
2295 CORPORATE BLVD. NW SUITE 134
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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:

Joanne Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne Roberts 11/1/02 561-995-
Date Daytime Phone #

CR2E040 (8/02)



**CUSTOM HOMES &
DEVELOPMENT CORP.**

Certified General Contractor CGC031390

Office 561-995-0300
Fax 561-995-9401

6600 W. Rogers Circle, Suite 6
Boca Raton, FL 33487

November 01, 2002

Mr. Jim Smith
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Mr. Smith:

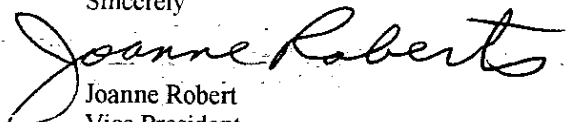
Please find the attached and the completed 2002 Uniform Business Report (UBR)/APPLICATION FOR REINSTATEMENT and our check in the amount of \$150.00.

We have never received your original application. Please note that we have moved to a new address and it may be due to this.

If you have any questions, please call us at (561)-995-0300..

Thank you in advance for your cooperation.

Sincerely


Joanne Robert
Vice President

Attachments