## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000060478

Entity Name: CUSTINE TECHNOLOGY GROUP, INC.

FILED Jan 18, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1085 N MEADOW VIEW LANE 1441 GREYFIELD DRIVE ST AUGUSTINE, FL 32092 ST AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

1085 N MEADOW VIEW LANE 1441 GREYFIELD DRIVE ST AUGUSTINE, FL 32092 ST AUGUSTINE, FL 32092

FEI Number: 59-3654869 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CUSTINE, CHRISTOPHER

1085 N MEADOW VIEW LANE
ST AUGUSTINE, FL 32092 US

CUSTINE, CHRISTOPHER
1441 GREYFIELD DRIVE
ST AUGUSTINE, FL 32092 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHRISTOPHER CUSTINE 01/18/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

VSTD ( ) Delete Title: VSTD (X) Change ( ) Addition

 Name:
 CUSTINE, LEAH M
 Name:
 CUSTINE, LEAH M

 Address:
 1085 N MEADOW VIEW LANE
 Address:
 1441 GREYFIELD DRIVE

 City-St-Zip:
 ST AUGUSTINE, FL 32092
 City-St-Zip:
 ST AUGUSTINE, FL 32092

Title: Title: PD (X) Change ( ) Addition () Delete Name: CUSTINE. CHRISTOPHER G Name: CUSTINE. CHRISTOPHER G 1085 N MEADOW VIEW LANE Address: 1441 GREYFIELD DRIVE Address: ST AUGUSTINE, FL 32092 ST AUGUSTINE, FL 32092 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER CUSTINE PD 01/18/2006