## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLEASE NEA	YD YFF 11/2 I	LUCTIONS	DEFURE C	OMPLE	ing inist	JKIVI.		
ΑÞÍ	PLICATION FOR	FLORIDA	DEPARTMEN  Katherine Ha  Secretary of S	rris		FILE	)		
REINSTATEMENT			VISION OF CORPORATIONS		03 NOV -7 AH 11: 37				
DOCUMENT # P0000060478									
1. Corporation Name					SECRETERY OF STATE TALLAHASSTE, FLORIDA				
CUSTINE TECHNOLOGY GROUP, INC.						MEENTASSIE	FLORIDA		
Principal Place of Business Mailing Address					RFI	NSTA	MENT	03	
494 COASTAL CAN CIRCLE				·					
PONTE VERDE BEACH FL 32092 PONTE VERDE BEACH FL 32092					I LADOLIAGO LALI OCUIL GALKI OCUIL GALKI OCUIL GALKI BALKI BALKI DARIN IDARA HUK HODE				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable					4. Date Incorporated or Qualified				
				Applicable	To Do Busir	ness in Florida	06/22/200	0	
Suite, Apt. 1085	Meadow View L	View Ln.	5. FEI Number	I Filme o		Applied For			
City & State	Avaustine FL	City & State	ion Stine.	FL	24-3	198159x		Not Applicable	
Zip	Country IACA	Zip 22 C	County	ISA	CERTIFICATE	OF STATUS DESIRED		onal Fee required icate of Status	
7. Names a	and Street Addresses of Each Officer	and/or Director (Flo	rida nonprofit corpora		st 3 directors)	<del></del>		<del></del>	
Title(s)	and/or Directors			eet Address of Each icer and/or Director			City / State / Zip		
1 DD	- 2		3			4			
			( ' A A A A A A A A A A A A A A A A A A	085 Meadow View Ln.			St. Augusting I-L 32002		
VSTD						PONTE VERDE BE	ACH FL 32082	-	
1085 Mea				eadow View	LA.	St. August	ine, FL 3	,2092	
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				<del></del>			<del></del> _		
					000022375680				
	<del> </del>			08/18/0301026009 **308.75					
, }			· \	,			<i>j</i>	}	
	8. Name and Address of Curre	ent Registered Age	nt		9. Name and A	ddress of New Regis	stered Agent		
Name Chni					stocker & Custine				
SPIEGEL & UTRERA, P.A.  Street Address (P. 343 ALMERIA AVENUE					O. Box Number is Not Acceptable)				
CORAL-GABLES FL-33134 Suite; Apt. #, Etc.					LIKWAK	Tiew _	hone_		
City					State Zip Code				
					igustine FL 32092				
10. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.									
110 110									
Signature of Registered Agent Date 8-12-2003									
~		REGISTERED AGE	ENT MUST SIGN						
11.) 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 filling 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.									
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The state of the s									
SIGNATURE: WWW JUMM S J									
	SIMILATORE AND ITED OR	THE TEN NAME OF S	ioning Officer OR D	INCU IUM		Date	Daytime Phone	2#	

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## Custine Technology Group Inc. 1085 Meadow View Lane St. Augustine, FL 32092

July 23, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Talianassee, FL-32302-1500

To Whom It May Concern:

We are requesting a waiver of the six hundred dollar reinstatement penalty on the basis that our corporation address had changed from 134 Coastal Oak Circle, Ponte Vedra Beach, FL 32082 to 1085 Meadow View Lane, St Augustine, FL 32092 and at this time this penalty amount will put an undue burden on our company financial situation. Due to this address change we did not receive our Uniform Business Report and because we have only been incorporated since June 22, 2000 we were unaware of these reports and the seriousness of filing them in regards to our corporate status. We will file timely reports in the future. Thank you for cooperation in this matter.

Michele Benish

Michele Benish Administrative Assistant Custine Technology Group, Inc.

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**3.** 

## Custine Technology Group Inc. 1085 Meadow View Lane St. Augustine, FL 32092

October 1, 2003

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

∑ To Whom It May Concern: ¬ ¬

We are requesting a waiver of the six hundred dollar reinstatement penalty on the basis that our corporation address had changed from 134 Coastal Oak Circle, Ponte Vedra Beach, FL 32082 to 1085 Meadow View Lane, St Augustine, FL 32092 and at this time this penalty amount will put an undue burden on our company financial situation. Due to this address change we did not receive our Uniform Business Report and because we have only been incorporated since June 22, 2000 we were unaware of these reports and the seriousness of filing them in regards to our corporate status. We will file timely reports in the future. Included with this letter is the additional \$150.00 requested for the year 2003. Thank you for cooperation in this matter.

**Christopher Custine** 

President

Custine Technology Group, Inc.