

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 30 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000099211

1. Corporation Name

CARIBBEAN CUSTOM HOMES, INC.

2. Principal Office Address

1639 E. Cape Coral Pkwy.

Suite, Apt. #, etc.

105

City & State

Cape Coral, FL

Zip

33904

Country

USA

3. Mailing Office Address

1639 E. Cape Coral Pkwy.

Suite, Apt. #, etc.

105

City & State

Cape Coral, FL

Zip

33904

Country

USA

Handwritten initials

100024253861

10/29/03--01021--027 **758.75

REINSTATEMENT 2003

**4. Date Incorporated or Qualified
To Do Business in Florida**

Oct. 20, 2000

5. FEI Number

651055391

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

Jason McGillicuddy

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

1639 E. Cape Coral Parkway

Suite, Apt. #, Etc.

105

City

Cape Coral,

State

FL

Zip Code

33904

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

Handwritten signature of Jason McGillicuddy

REGISTERED AGENT MUST SIGN

Date Sept. 26, 2003

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
D/P/T	Jason McGillicuddy	1639 E. Cape Coral Parkway, #105	Cape Coral, FL 33904
D/V/S	George Bezanson, II	1639 E. Cape Coral Parkway, #105	Cape Coral, FL 33904

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:

Handwritten signature of Jason McGillicuddy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/2003

Date

239.540-3520

Daytime Phone #