

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 OCT 31 PM 5:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000028545

1. Corporation Name

PORTFOLIO CUSTOM HOMES, INC.

Principal Place of Business

379 DOUGLAS RD  
OLDSMAR FL 34677

Mailing Address

379 DOUGLAS RD  
OLDSMAR FL 34677



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

379 Douglas Rd.

Suite, Apt. #, etc.

Suite A

City & State

Oldsmar, FL

Zip Country

34677 Pinellas

3. New Mailing Office Address, If Applicable

379 Douglas Rd.

Suite, Apt. #, etc.

Suite A

City & State

Oldsmar, FL

Zip Country

34677 Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/2001

5. FEI Number

52-2302723

- 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	YOUNG, SCOTT	379 DOUGLAS RD SUITEA	OLDSMAR FL 34677
VP	YOUNG, PARRIS	379 DOUGLAS RD SUITEA	OLDSMAR, FL 34677

900008725659

10/31/02--01049--025 \*\*750.00

8. Name and Address of Current Registered Agent

YOUNG, SCOTT  
379 DOUGLAS RD  
OLDSMAR FL 34677

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

10/28/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

813-818-9422

CR2E040 (8/02)