

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR
REINSTATEMENT



Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 12 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700009489127
12/12/02--01068--002 **150.00

DOCUMENT # P01000042148

1. Corporation Name

CUSTOM RESURFACING, INC.

Principal Place of Business

Mailing Address

6105 RALEIGH ST., #324
ORLANDO FL 32835

6105 RALEIGH ST., #324
ORLANDO FL 32835

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
To Do Business in Florida

04/25/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3718646

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
PD	KAVAKLIS, KONSTANTINOS G	6105 RALEIGH ST., #324	ORLANDO FL 32835
STD	PANTAZIS, MARIKA	6105 RALEIGH ST., #324	ORLANDO FL 32835

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAVAKLIS, KONSTANTINOS G
6105 RALEIGH ST., #324
ORLANDO FL 32835

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

12/02/02

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.

407-532-9464

SIGNATURE:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/02

Date

Daytime Phone #

CR2E040 (8/02)

Custom Resurfacing Inc.
6105 Raleigh Street
Orlando, Florida 32835

October 30, 2002

Division of Corporations
Annual Report / Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

Reference document #P01000042148

Please be advised we did not receive the two prior uniform business report notices that is mentioned in the Notice of Administrative Dissolution that we received.

Please waive the reinstatement fee of \$600.

The completed and signed application for reinstatement and \$150 UBR filing fee is included with this letter.

Thank you for your help in this matter,

Respectfully,



Konstantinos G. Kavaklis
President
Custom Resurfacing, Inc.