

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000118104

1. Corporation Name

FLORIDA CUSTOM SURFACES, INC.

FILED

02 OCT 25 PM 4: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

879 NE DIXIE HIGHWAY #5  
JENSEN BEACH FL 34957

Mailing Address

879 NE DIXIE HIGHWAY #5  
JENSEN BEACH FL 34957



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

2. New Principal Office Address, If Applicable

895 N.E. DIXIE HWY  
Suite, Apt. #, etc.  
# 8

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

JENSEN BEACH, FLORIDA

Zip  
34957

Country  
U.S.A

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/2001

5. FEI Number

01-6561317

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
D	LARSEN, CHRIS	879 NE DIXIE HIGHWAY #5	JENSEN BEACH FL 34957

600008594746  
10/25/02--01066--020 \*\*150.00

02 4821

8. Name and Address of Current Registered Agent

LARSEN, CHRIS  
879 NE DIXIE HIGHWAY #5  
JENSEN BEACH FL 34957

9. Name and Address of New Registered Agent

Name

CHRIS LARSEN

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

3295 S.E. MONTE VISTA ST.  
Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34952

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 10-22-02

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

10-22-02 772-232-2000  
Date Daytime Phone #

CR2E040 (9/02)

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**Florida Custom Surfaces, inc**  
895 N.E. DIXIE HWY. JENSEN BEACH, FL. 34957  
PHONE 772-232-2000 FAX 772-232-2020 CELL 772-260-9396

## *Fax Cover Sheet*

<b>Send to:</b> <i>DEPT. OF STATE</i>	<b>From:</b> <i>CHRIS LARSEN</i>
<b>Attention:</b>	<b>Date:</b> <i>10-22-02</i>
<b>Office location:</b>	<b>Office location:</b>
<b>Fax number:</b>	<b>Total Pages incl. Cover:</b>

**Comments:**

*TO WHOM IT MAY CONCERN.*

*WE MOVED OUR COMPANY TO A NEW ADDRESS AND  
NEVER RECEIVED A NOTICE TO FILE FOR THE ANNUAL  
BUSINESS REPORT. FOR FURTHER INFORMATION YOU  
MAY CONTACT ME AT THE ABOVE ADDRESS OR PHONE#*

*THANK YOU!*

*Chris Larsen*