

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -9 AM 8:13

TALLAHASSEE, FLORIDA

DOCUMENT # P02000058653

1. Corporation Name

A&F CUSTOM RENOVATIONS INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
938 GROVEWOOD DR		938 GROVEWOOD DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
DUNEDIN, FL		DUNEDIN, FL	
Zip	Country	Zip	Country
34698	US	34698	US

REINSTATEMENT 03-07

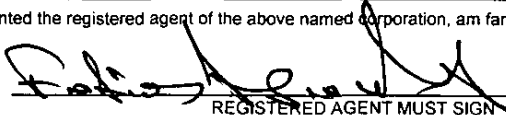
CR2E081 (1/07)

7. Name and Address of Current Registered Agent		
Name		
FOTIOS TSIUKLAS		
Street Address (P.O. Box Number is Not Acceptable)		
938 GROVEWOOD DR		
Suite, Apt. #, Etc.		
City	State	Zip Code
DUNEDIN	FL	34698

4. Date Incorporated or Qualified To Do Business in Florida		5/28/2002
5. FEI Number	02-0606606	Applied For
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Not Applicable
		\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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


REGISTERED AGENT MUST SIGN

Date 4-4-07

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
P	FOTIOS TSIUKLAS	938 GROVEWOOD DR	DUNEDIN, FL 34698

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 contained in Chapter 119, 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:



PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2007

Date

(727) 736-5460

Daytime Phone #