

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000102654

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** MARCO ISLAND CUSTOM HOMES, INC.

**Current Principal Place of Business:**

570 S. HEATHWOOD DR.  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

570 S. HEATHWOOD DR.  
MARCO ISLAND, FL 34145

**New Mailing Address:**

**FEI Number:** 30-0114230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVERIO, JOSEPH S  
570 S. HEATHWOOD DR.  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH OLIVERIO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OLIVERIO, JOSEPH S  
Address: 570 S. HEATHWOOD DR.  
City-St-Zip: MARCO ISLAND, FL 34145

Title: TSD  
Name: OLIVERIO, DOREEN H  
Address: 570 S. HEATHWOOD DR.  
City-St-Zip: MARCO ISLAND, FL 34145

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH OLIVERIO

PD

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date