2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000106044 1. Entity Name CYR CUSTOM HOMES, INC.						05	FIL.		· I. 2	
Principal Place of 8 9921 BRENTFORD WINDERMERE, FL	OCT.	Mailing Address 432 MAIN ST. #126 WINDERMERE, FL 34786				05 SEP 27 PH 4: 42 SECKLIARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of	of Business Congl Ave	3. Mailing Address 919 Orange Ave.								
Suite, Apt. #, etc	2	Suite, Apt. #, etc.			092120		CR2E0	98 (6/04)	 .	
City & State Winfo	Park. FL	Winter Park, FL.			4. FEI N 55-	umber 0799526			olied For Applicable	
397-89	9 USA 32789		Countr	USA		icate of Status Desired		8.75 Addi ee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
CYR, STEVE 9921 BRENTFORD CT. WNDERMERE, FL 34786					Street Address (P.O. Box Number is Not Acceptable)					
WINDLINE, I E 34700				City Zip Code						
6. The above name	ed entity submits this statement for	r the ourpose of changing its	registere	•	egistered agent.	or both, in the State of F	FL lorida. Lam fa			
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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature. hyped or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstarting) OATE										
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00										
10. OFFICERS AND DIRECTORS 11.					ADDITI	ONS/CHANGES TO OF		_		
NAME CYR, STEVE NAME				.		100060		☐ Change ⊇ = 1	Addition	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with appears and all other like empowered.										
SIGNATURE: 407-644-7371										
, -	STOREATURE AND FORD OR	PORTED MANE OF SIGNING OFFICER	OP MOSM	OB		Date		viene Ohone e		