

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000106748

1. Corporation Name

CUSTOM SERVICES BY DESIGN, INC.

Principal Place of Business

111 BRINY AVE  
SUITE 1604  
POMPANO BEACH FL 33062

Mailing Address

111 BRINY AVE  
SUITE 1604  
POMPANO BEACH FL 33062

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

10/03/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

14-1856225

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
President	Winston Rodriguez	111 Briny Ave #1604	Pompano Beach FL 33063

500023866425

10/17/03--01003--009 \*\*150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, WINSTON R  
111 BRINY AVE  
SUITE 1604  
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

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.

Nature of  
Registered Agent

Winston Rodriguez

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/15/03

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.

NATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Winston Rodriguez

Date

10/15/03

Daytime Phone #

954-788-8254

CR2E040 (7/03)

**Custom Services by Design, Inc.**

**111 Briny Ave. # 1604  
Pompano Beach, Fl. 33062  
954-788-1254**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

10/15/2003

To whom it may Concern:

I am sorry this is the first I have heard about the annual reports/uniform business report that was supposed to be filed by May 1, 2003. We are a new company & did not receive any prior notification of this form.

Enclosed is the proper form along with the \$150.00 fee. Please reinstate our corporation which was revoked September 19, 2003.

Thank you,



Winston Rodriguez, President  
Custom Services by Design, Inc.