200 FC PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					TIS COMPANY CANA			
DOCUMENT # P02000109363 1. Entity Name GRAND BAY CUSTOM HOME CENTER, INC.						06 OCT 2	4 AMII: 14	
Principal Place of Business 533 5TH AVENUE SOUTH NAPLES, FL 34102		Mailing Address 533 5TH AVENUE SOUTH NAPLES, FL 34102			TLAHAS	RY OF STATE SEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10112006	REIN-P	CR2E098 (11/05)	06	
City & State		City & State		4. FEI Number 16-163			pplied For ot Applicable	
Zip Country		Zip Counti		ry	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New I	Registered Agent	
SHANABARGER, ANGELA 533 5TH AVENUE SOUTH				Name Street Address (P.O. Box Number is Not Acceptable)				
NAPLES,				Olieot Auditoss (I. O., DUX Number is Not Acceptable)				
				City			FL Zip Cox	ie .
8. 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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE								
FILE NOWII! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00						In accordance corporation did	with s. 607.193(2)(b). not receive the prior	F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	IS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHANABARGER, ANGELA 533 5TH AVENUE SOUTH				300031130183 10/24/0601007003 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHANABARGER, EDWARD L 533 5TH AVE S 511			,			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAI Str			,			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A07 1010	□ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9	☐ Delete		l l			☐ Change	Addition
TIPLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	1	ł			☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address.	true and accurate and that ma wered to execute this report a	iy signat	ure shall have the	same legal effec	t as if made under	oath; that I am an office	r or director