

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 OCT 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000110956**

1. Corporation Name

ERIKSEN CUSTOM HOMES, INC.

Principal Place of Business

Mailing Address

98 HAWKS LN
FLGLER BCH FL 32136

98 HAWKS LN
FLGLER BCH FL 32136



REINSTATEMENT 03

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

10/15/2002

Suite, Apt. #, etc.

PO Box 352918
Suite, Apt. #, etc.
Palm Coast, FL

5. FEI Number

Applied For

City & State

City & State
32137, USA

03-0488388

Not Applicable

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, Agent	Kenneth Eriksen	PO Box 352918 Palm Coast, FL	32135

000023749810
10/13/03--01064--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ERIKSEN, KENNETH E
98 HAWKS LN
FLGLER BCH FL 32136

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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.

Signature of
Registered Agent

Kenneth Eriksen
REGISTERED AGENT MUST SIGN

Date 10/10/03

11. 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.

SIGNATURE:

Kenneth Eriksen Kenneth Eriksen 10/10/03 386 445-7466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

Eriksen Custom Homes, Inc.



PO Box 352918 ♦ Palm Coast, FL 32135-2918

October 10, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

We are in receipt of the Notice of Administrative Dissolution or Revocation, this is the first time the we have received a notice from you regarding this issue, until now.

As we had not received any of the prior notices. We are requesting that the late fees be waived.

Enclosed, please find the check for \$150.00 as requested.

If you have any questions, please contact me at 386/445-7466.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ken', written over a horizontal line.

Kenneth Eriksen
President

KEE: ab

Enc: 1