

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03 000011603

1. Corporation Name

J.A. Custom Designs Inc

2. Principal Office Address

4255 Dixie Hwy

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33060

Country

Broward

3. Mailing Office Address

1620 NE 34 Court

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33064

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

1/13/03

5. FEI Number

04 3738291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James Anyell

Street Address (P.O. Box Number is Not Acceptable)

1620 NE 34 Court

Suite, Apt. #, Etc.

Pompano Beach FL

City

Pompano Beach

State

FL

Zip Code

33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	James Anyell	1620 NE 34 Court	Pompano Beach FL 33064

000079226510
08/29/06--01056--010 **1050.00

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/29/06 754-235148

Daytime Phone #