

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 15 PM 3:10

DOCUMENT # PO3000068577 W05-47127

1. Corporation Name

CUSTOM SIDING INC.

2. Principal Office Address

4270 OSCEOLA TRAIL

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL

Zip

32068-7150

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

800062329638
12/21/05--01037--015 **300.00

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

6/18/2003

5. FEI Number

56-2369444

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

CRAIG E GREENE

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

4270 OSCEOLA TRAIL

Suite, Apt. #, Etc.

City

MIDDLEBURG

State

FL

Zip Code

32068

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

Craig E Greene
REGISTERED AGENT MUST SIGN

Date

11-2-05

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	CRAIG E GREENE	4270 OSCEOLA TRAIL	MIDDLEBURG FL #32068

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 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:

Craig E Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-05

Date

(904) 928-1040

Daytime Phone #



212

Simonich, Simonich, Ratnecht & Associates, Inc.

Certified Public Accountants

8750 Perimeter Park Boulevard Jacksonville, FL 32216-6347

Phone: 904-928-1040 Fax: 904-928-0909

www.simonich.net

September 26, 2005

Department of State
Division Of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: CUSTOM SIDING, INC.
REGISTERED AGENT: CRAIG GREENE
EIN#56-2369444

The above referenced tax payer had not received any notification of the company's renewal requirements nor any verification that the company had been dissolved. The discovery was made when the above taxpayer went to get his 2004 tax return completed by this tax preparer. Since no notification made this taxpayer aware of his obligation to renew, we request that the company be reinstated for 2004 and 2005.

We have enclosed a check in the amount of \$300.00 to cover the renewal fees for both years.

The taxpayer has been notified by this office, that if further notices do not reach him prior to May 1st deadline for renewal that he is to call the Division of Corporations for further clarification.

Should you have any questions, do not hesitate to contact this office at the above stated address.

Very truly yours,

Deborah Alexa
Office Manager