

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 FEB 14 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000125394

1. Corporation Name

RAPHAEL CHARISTEL CUSTOM PTG INC.

600119936356  
03/11/08--01012--007 \*\*450.00

**REINSTATEMENT** 04-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

3463 INVERRARY BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

3463 INVERRARY BLVD

Suite, Apt. #, etc.

City & State

LAUDERHILL FL

City & State

LAUDERHILL FL

Zip

33319

Country

USA

Zip

33319

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 11/04/2003

5. FEI Number

68-0581401

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

ROBERT KAMMAN

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

2113 SW PARK DRIVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33426

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	RAPHAEL CHARISTEL	3463 INVERRARY BLVD	LAUDERHILL FL 33319
VP	ROBERT KAMMAN	2113 SW PARK DRIVE	BOYNTON BEACH FL 33426

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

Daytime Phone #

02/14