

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000134998

1. Entity Name
MCCALLISTER CUSTOM BUILDERS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 15 AM 8:00

REINSTATEMENT

04

Principal Place of Business
3225 E RIVERSIDE DRIVE
FORT MYERS, FL 33916

Mailing Address
3225 E RIVERSIDE DRIVE
FORT MYERS, FL 33916



2. Principal Place of Business

3225 E Riverside DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 27-B

Suite, Apt. #, etc.

SAME

10122004

REIN-P

CR2E098 (6/04)

MRD

City & State

Fort Myers, FL

City & State

SAME

Zip
33916

Country
USA

Zip
SAME

Country
SAME

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCALLISTER, LARRY
3225 E RIVERSIDE DRIVE
FORT MYERS, FL 33916

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/12/04

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCCALLISTER, LARRY
3225 E RIVERSIDE DRIVE, Ste 27-B
FORT MYERS, FL 33916

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500041909015
10/15/04--01101--008 **\$8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #