

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P64000621132

1. Corporation Name

KEITH VOLTZ CUSTOM HOMES, INC.

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

53 COUNTRY CLUB RD

Suite, Apt. #, etc.

3. Mailing Office Address

53 COUNTRY CLUB RD

Suite, Apt. #, etc.

City & State

COCONA BEACH FLA.

Zip

32981

Country

City & State

COCONA BEACH FLA.

Zip

32981

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-1-2004

5. FEI Number

20-0688015

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

KEITH VOLTZ

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

53 COUNTRY CLUB RD

Suite, Apt. #, Etc.

City

COCONA BEACH

State

FL

Zip Code

32981

☐ 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.

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
PRESIDENT	KEITH VOLTZ	53 COUNTRY CLUB RD.	COCONA BEACH FLA.

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:

Keith Voltz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-08

Date

321-508-2511

Daytime Phone #

TO WHOM IT MAY CONCERN,

Page 2 of 2

I had no recollection or notice of the status of my cooperation due to the fact of my wife was secretary of treasure of my business, as we are going thru a divorce I received no notices or bank statements notifying me of this situation please waive the late fees, thank you so much

KEITH VOLTZ

Keith Voltz