2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000028822

Title:

Name:

Address:

City-St-Zip:

Entity Name: M. THAYER CUSTOM HOMES AND DEVELOPMENT, INC.

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
830 S 3RD ST				14089 LUMBERTON FALLS DR		
102 JACKSONVILLE BEACH, FL 32250				102 JACKSONVILLE, FL 32224		
Current Mailing Address:				New Mailing Address:		
Our Circ ii	nannig Addre		Wew main	ng Addies	. .	
P.O. BOX 50037 JACKSONVILLE BEACH, FL 32240				P.O.BOX 50337 JACKSONVILLE BEACH, FL 32240		
FEI Number	: 20-0745332	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and	Address o	f New Registered Agent:	
14089 LÚI	MATTHEW A MBERTON FA IVILLE, FL 32:					
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATU	RE: MATTHE	W A THAYER				
	Electro	nic Signature of Registered Ag	ent	Date		
Election Ca	mpaign Financin	03(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	•			
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	THAYER, MAT	RTON FALLS DR.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Name: Address:	THAYER, MAT 14089 LUMBE JACKSONVILL	THEW A MR RTON FALLS DR. E, FL 32224) Delete ERT S N DRIVE	Name: Address:		(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MATTHEW A THAYER PRES 03/02/2009

() Delete

14089 LUMBERTON FALLS DR.

JACKSONVILLE, FL 32224

THAYER, KARI J MRS

() Change () Addition