

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 SEP 29 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

05



09272005 REIN-P CR2E098 (6/04)

| | | | | | |
|---|---|--|---|---|---|
| DOCUMENT # P04000034925 1. Entity Name CUSTOM CREATIONS CONSTRUCTION, INC. | | | | | |
| Principal Place of Business 10233 ORANGE BLOSSOM BLVD. SEBRING, FL 33875 US | | | Mailing Address 10233 ORANGE BLOSSOM BLVD. SEBRING, FL 33875 US | | |
| 2. Principal Place of Business 5719 Fig Road | | 3. Mailing Address 5719 Fig Road | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Sebring, Fl | | City & State Sebring, Fl | | 4. FEI Number 20-0767897 | |
| Zip 33875 | | Country US | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33875 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCCOLLUM, JAMES F 129 S. COMMERCE AVENUE SEBRING, FL 33870 | | | 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 9/27/05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVTS KEMPE, HEATH 10233 ORANGE BLOSSOM BLVD. SEBRING, FL 33875 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 300060125354 09/30/05-01053-007 ***150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: | | | Date 9/27/05 Daytime Phone # | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |