

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 DEC -8 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 05

DOCUMENT # P04000092173

1. Entity Name  
C & S HOMES CONSTRUCTION, INC.



Principal Place of Business  
5776 RED FOX DR.  
MARION, IN 46952

Mailing Address  
5776 RED FOX DR.  
MARION, IN 46952

2. Principal Place of Business  
515 Bethany Village Cir

3. Mailing Address  
515 Bethany Village Cir

Suite, Apt. #, etc.

City & State  
Lehigh Acres, FL

Zip  
33936

Country  
Lee

4. FEI Number  
01-0816288

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUTTON, JOHN  
CASA BONITA 2 25870 HICKORY BLVD.  
UNIT 407  
BONITA SPRINGS, FL 34134

Name  
Charles E Sutton

Street Address (P.O. Box Number is Not Acceptable)  
515 Bethany Village Cir

City  
Lehigh Acres

FL

Zip Code  
33936

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 Charles E Sutton (NOTE: Registered Agent signature required when reinstating) DATE 11-28-05

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUTTON, CHARLES E 5776 RED FOX DR. MARION, IN 46952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200062019312 12/08/05--01051--008 **750.00
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
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
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
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
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

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: Charles E Sutton DATE 11-28-05 239-368-4225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR