

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 JUN -1 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06 RSC



05262006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000144455 1. Entity Name MAR BAY CUSTOM HOMES, INC			
Principal Place of Business 1542 MAIN SAIL DRIVE 8 NAPLES, FL 34114 US		Mailing Address 1542 MAIN SAIL DRIVE 8 NAPLES, FL 34114 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1545 Suite, Apt. #, etc.	
City & State MARCO ISLAND FL		4. FEI Number 00-1766819	
Zip 34146		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PB&A FINANCIAL SERVICES CORP 13935 NW 1ST AVE MIAMI, FL 33168		7. Name and Address of New Registered Agent Name WALTHER M. GONZALES Street Address (P.O. Box Number is Not Acceptable) 1542 MAIN SAIL DR # 8 City NAPLES FL Zip Code 34114	
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 <i>Walter M. Gonzales</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 5/26/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$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 P <input type="checkbox"/> Delete NAME LAPIDUS, CLAUDIA M STREET ADDRESS 218 NEWPORT DR SUITE 705 CITY-ST-ZIP NAPLES, FL 34114	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME WENCESLAO GONZALES STREET ADDRESS 1542 MAIN SAIL DR # 8 CITY-ST-ZIP NAPLES FL 34114	TITLE VP <input type="checkbox"/> Delete NAME GONZALES, WENCESLAO STREET ADDRESS 1542 MAIN SAIL DRIVE SUITE 8 CITY-ST-ZIP NAPLES, FL 34114	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME WALTHER M. GONZALES STREET ADDRESS 1542 MAIN SAIL DR # 8 CITY-ST-ZIP NAPLES FL 34114
TITLE SEC <input type="checkbox"/> Delete NAME GONZALES, WALTHER M STREET ADDRESS 1542 MAIN SAIL DRIVE SUITE 8 CITY-ST-ZIP NAPLES, FL 34114	TITLE SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CLAUDIA M. LAPIDUS STREET ADDRESS 218 NEWPORT DR # 705 CITY-ST-ZIP NAPLES FL 34114	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 000076159250 STREET ADDRESS 06/13/06--01046--019 CITY-ST-ZIP **300.00
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Walter M. Gonzales</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 5/26/06 239-825-6961 <small>Date Daytime Phone #</small>	