

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000022592

1. Entity Name  
BMJ CUSTOM HOMES, INC.



FILED

07 JAN -3 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
433 BYWOOD AVENUE  
SEBASTIAN, FL 32958

Mailing Address  
433 BYWOOD AVENUE  
SEBASTIAN, FL 32958

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country  
U.S.

Zip

Country  
U.S.  
Tallahassee



REINSTATEMENT 2006

4. FEI Number

86-1130316

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, WILLIAM E  
433 BYWOOD AVENUE  
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent

Name

SAME

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-29-06

FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MCLAUGHLIN, WILLIAM E  
STREET ADDRESS 433 BYWOOD AVENUE  
CITY-ST-ZIP SEBASTIAN, FL 32958

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

900082952809  
01/03/07--01024--016 \*\*758.75

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 any address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-29-06

772-552-5802