

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 OCT 19 PM 4:25

DOCUMENT # PD5000022592  
1. Corporation Name BMJ Custom Homes Inc.

2. Principal Office Address - No P.O. Box #  
433 Bywood Ave

3. Mailing Office Address  
433 Bywood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Sebastian, FL

City & State  
Sebastian, FL

Zip  
32958

Country  
Indian River

Zip  
32958

Country  
Indian River

4. Date Incorporated or Qualified  
To Do Business in Florida 2/11/05

5. FEI Number  
86-1138316

Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
William E. McLaughlin

Street Address (P.O. Box Number is Not Acceptable)  
433 Bywood Ave

Suite, Apt. #, Etc.

City  
Sebastian

State  
FL

Zip Code  
32958

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

William E. McLaughlin

Date 10/11/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	William McLaughlin	433 Bywood Ave.	Sebastian, FL 32958

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William E. McLaughlin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/09  
Date

772-5815  
8678  
Daytime Phone #