

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 13 AM 4:42

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000093292

1. Corporation Name

Custom Exteriors Of Northeast Florida, Inc

2. Principal Office Address - No P.O. Box #

541 Dennis Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Zip

32065

Country

US

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 06/30/2005

5. FEI Number

900242282

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status.

400201535464

04/13/11--01002--009 ***450.00

06/21/10 01066 020 750.00

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Michael F Sherry

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

541 Dennis Ave

Suite, Apt. #, Etc

City

Orange Park

State

FL

Zip Code

32065

REINSTATEMENT 09-11

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

Date 03/31/2011

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
PD	Michael Sherry	541 Dennis Avenue	Orange Park, FL 32065

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

03/31/2011 904-759-2657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/11