

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # P16444

1. Corporation Name

CUSTOM FACILITIES INC.

03 OCT 17 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6296 RUCKER ROAD, SUITE C  
INDIANAPOLIS IN 46220

6296 RUCKER ROAD, SUITE C  
INDIANAPOLIS IN 46220

*AR*



REINSTATEMENT 2003

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/20/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

35-1308008

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4                       |
|---------------|-------------------------------------------|--------------------------------------------------------|-----------------------------------------------|
| P             | DEROY, ROD                                | 7816 TIMBER RUN LANE                                   | INDIANAPOLIS IN                               |
| T             | <del>SCHEUERMANN, GARY</del>              | <del>104 CHIPPENHAM LANE</del>                         | <del>FISHER ISLAND IN</del>                   |
| S             | <del>THOMAS, MARK</del>                   | <del>11682 SUNNYBROOK PL</del>                         | <del>FISHER ISLAND IN</del>                   |
| T             | SCHEUERMANN, GARY                         | 10118 BERYL DR                                         | NABLESVILLE IN                                |
| S             | THOMAS, MARK                              | 11682 SUNNYBROOK PL                                    | FISHERS, IN                                   |
|               |                                           |                                                        | 500023970785<br>10/21/03--01063--018 **750.00 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WERTZ, SEAN K  
8721 LANTANA COURT  
CAPE CANAVERAL FL 32920

Name

WAYNE SMITH

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

9161 N. ABBOT DR.

Suite, Apt. #, Etc.

City

CITRUS SPRINGS

State

FL

Zip Code

34434-4001

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Wayne Smith*  
REGISTERED AGENT MUST SIGN

Date

10/15/03

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., 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*RODNEY A. DEROY* 10/14/03 (317) 259-0038  
Date Daytime Phone #

CR2E040 (7/03)