

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 9:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P29307**

1. Corporation Name  
**CUSTOM PROGRAMS INC.**

Principal Place of Business	Mailing Address
10106 N.W. 82 STREET TAMARAC FL 33321	10106 N.W. 82 STREET TAMARAC FL 33321

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/14/1990
City & State	City & State	5. FEI Number
Zip	Country	65-0179710
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MURRAY, GILBERT	10106 N.W. 82 STREET	TAMARAC FL 33321
S	MURRAY, EDNA	10106 N.W. 82 STREET	TAMARAC FL 33321

400008667114  
 10/29/02--01074--004 \*\*158.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MURRAY, GILBERT 10106 N.W. 82 STREET TAMARAC FL 33321	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code

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 *Jim Murray* **SIGNATURE REQUIRED** Date 10/25/02  
 REGISTERED AGENT MUST SIGN

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 REQUIRED GILBERT MURRAY* (954) 722-1692 Date 10/25/02 Daytime Phone # \_\_\_\_\_

CR2E040 (8/02)

CUSTOM PROGRAMS INC.

10106 N.W. 82 ST. TAMARAC - FL. 33321

DEPT. OF STATE - FL.

WE DID NOT RECEIVE THE TWO PRIOR  
UNIFORM (UBR) NOTICES.

CHECK FOR 158.75 ENCLOSED:

Gilbert Murray, PRES.

YOURS TRULY

Gilbert Murray