

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

10106 N.W. 82 STREET  
TAMARAC FL 33321

Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1990

5. FEI Number

65-0179710

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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  
FL

Zip Code

CR2E040 (8/02)

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

*Signature of Registered Agent*

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

10/25/02

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.

10/25/02

SIGNATURE:

*Signature of Signing Officer or Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GILBERT MURRAY (954) 722-1692

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