

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000007930

1. Corporation Name

PAT MCCRAY CUSTOM HOMES, INC.

Principal Place of Business

Mailing Address

~~105 SOLANA ROAD, SUITE C~~  
PONTE VERDE FL 32082  
US

~~105 SOLANA ROAD, SUITE C~~  
PONTE VERDE FL 32082  
US

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

11/30/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PVB FL

City & State  
PVB FL

5. FEI Number

59-3157626

Applied For

Not Applicable

Zip

Country

Zip

Country

32082

ST JAHNS

32082

ST JAHNS

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MCCRAY, PAT	105 SOLANA ROAD, SUITE C 113 CITRUS LN	PONTE VERDE FL 32082
VP	MCCRAY, TAMI	105 SOLANA RD	PONTE VERDE BEACH FL 32082
S	HERVEY, ERIC	105 SOLANA ROAD, SUITE C	PONTE VERDE FL 32082
T	BRENNOCK, JOHN	105 SOLANA ROAD, SUITE C 1520 SAWGRASS VILLAGE	PONTE VERDE FL 32082
			500004775815--1 -01/15/02--01048--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCRAY, PAT

~~105 SOLANA ROAD, SUITE C~~ 113 CITRUS LN  
PONTE VERDE FL 32082

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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.

Signature of  
Registered Agent

Pat McCray

REGISTERED AGENT MUST SIGN

Date

12/10/01

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:

Pat McCray Pat McCray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/01 904-285-5779

CR2040 (8/01)