

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -1 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007930

1. Corporation Name

PAT MCCRAY Custom Homes, Inc

2. Principal Office Address

113 CITRUS LANE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Ponte Vedra Beach FL

City & State

Zip

32082

Country

USA

Zip

Country

800031680878

04/01/04--01025--003 \*\*1058.75

4. Date Incorporated or Qualified  
To Do Business in Florida

1992

5. FEI Number

59-3157626

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAT MCCRAY

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

113 CITRUS LANE

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State  
FL

Zip Code

32082

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

PAT MCCRAY

Date

3/15/04

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
Pres	PAT MCCRAY	113 CITRUS LN	PV B FL 32082
Sec	ERIC HEVEY	113 CITRUS LN	PV B FL 32082

REINSTATEMENT 02-04

10. 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

3/15/04

Daytime Phone #

904 219 3971

CR2E081 (01/04)