

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 28 PM 1:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P95000032541

1. Corporation Name

CUSTOM MAGNETICS OF FLA. INC.

2. Principal Office Address - No P.O. Box #

525 ELDORADO WAY

Suite, Apt. #, etc.

3. Mailing Office Address

525 ELDORADO WAY

Suite, Apt. #, etc.

City & State

CASSELBERRY, FLA.

City & State

FLA., CASSELBERRY

Zip

32707

Country

USA

Zip

32707

Country

USA

REINSTATEMENT

CR2E081 (1/07)

00-07

4. Date Incorporated or Qualified
To Do Business in Florida

04-17-1995

5. FEI Number

65-0571559

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

Lisa J. Augspurger

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

1420 Gene Street

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32790

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

6/21/07

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.	JORDAN H. Cole	525 ELDORADO WAY	CASSELBERRY, FLA. 32707
SEC./TREAS.	DONNA M. Cole	"	"

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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 contained in Chapter 119, 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:

Jordan H. Cole Jordan H. Cole

5-31-07

Date

407-721-9202

Daytime Phone #