

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 10 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052838

1. Corporation Name
JOSEPH CUSTY AND ASSOCIATES, INC.

Principal Place of Business
630 TENNIS CLUB DRIVE #204
FORT LAUDERDALE FL 33311

Mailing Address
630 TENNIS CLUB DRIVE #204
FORT LAUDERDALE FL 33311



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 06/20/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0674359	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	CUSTY, JOSEPH	630 TENNIS CLUB DRIVE #204	FORT LAUDERDALE FL 33311

200002344932--3
-11/12/97--01088--010
****165.00 ****165.00

Handwritten: *UPD 11/10/97*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LANDINO, ANTHONY M CPA 4901 NORTHWEST 17TH WAY #305 FORT LAUDERDALE FL 33309		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

0. 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 _____ Date _____

REGISTERED AGENT MUST SIGN

1. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **11/1/97** Daytime Phone #: **(954) 760-7234**

CR2040 (6/97)

JOSEPH CUSTY & ASSOCIATES
3471 FEDERAL HWY
SUITE 510
FORT LAUDERDALE FL.33306

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Joseph Custy & Associates

Tel: 954-564-7055 Fax 954-564-7667

To: Florida Dept. of State
Divisions of Corporations

From: Joseph Custy

Date: November 5, 1997

Re: Reinstatement Fee

To Whom It May Concern:

Pursuant to our telephone conversation on Nov. 4, 1997 I am forwarding a check in the amount of \$165.00 for the purpose of reinstating my Corporation.

As I informed you, I was not aware that my corporation had expired since I had not received any annual reporting form from the State.

Thank you for allowing me to remit the \$165.00 versus the \$750.00

Respectfully,

Joseph Custy
President

P.S. Please forward the applicable forms

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