

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

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

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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

11/10/97

8. Name and Address of Current Registered Agent

LANDINO, ANTHONY M CPA
4901 NORTHWEST 17TH WAY #305
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

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

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.)

12. 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

11/1/97
Date

(954)
760-7234
Daytime Phone #

CR2E040 (6/97)

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

(2)

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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