

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 APR 23 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000061272

**1. Corporation Name**

Custom Classic Homes, Inc.

**2. Principal Office Address**

600 Packard Crt

Suite, Apt. #, etc.

**City & State**

Safety Harbor, FL

**Zip**

34695

**Country**

USA

**3. Mailing Office Address**

PO Box 368

Suite, Apt. #, etc.

**City & State**

Safety Harbor, FL

**Zip**

34695

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7-12-96

**5. FEI Number**

59-3380044

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**

Edward Carlson

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

250 Belcher Rd No.

**Suite, Apt. #, Etc.**

Suite 102

**City**

Clearwater

**State**  
FL

**Zip Code**

34625

**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**

*Edward Carlson*

REGISTERED AGENT MUST SIGN

**Date** 04-16-01

**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	W.R. Jacobsen	600 Packard Crt	Safety Harbor, FL 34695
VP/Sec	Sid Boughton	2303 Oxford Crt	Safety Harbor, FL 34695

REINSTATEMENT 00-01

**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:**

*Sid Boughton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

4-16-01

**Daytime Phone #**

727-726-1138

CR2E081 (9/00)