

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -4 AM 8:00

DOCUMENT # **PA6000098513**

1. Corporation Name

CALIFORNIA CUSTOMS, INC.

2. Principal Office Address

3210 GODWIN LANE

Suite, Apt. #, etc.

3. Mailing Office Address

3210 GODWIN LANE

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32526

Country

USA

City & State

PENSACOLA, FLORIDA

Zip

32526

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

YB 59 3432250

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

UBR 2000, 2001, 2002+2003

600022037886

08/04/03--01094--009 **750.00 MRD

7. Name and Address of Current Registered Agent

Name

RALPH EDWARD GILL

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

7530 TONTO STREET

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32526

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

Ralph E. Gill

Date **7-30-03**

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
PRESIDENT	RALPH W. HENSON	7551 TONTO ST	PENSACOLA, FL. 32526
VICE PRESIDENT	CHRISTINA A. GILL	7530 TONTO ST	PENSACOLA, FL. 32526
SECRETARY	ROBIN HENSON	7551 TONTO ST	PENSACOLA, FL. 32526
TREASURER	RALPH E. GILL	7530 TONTO ST	PENSACOLA, FL. 32526

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:

RALPH E. GILL
Ralph E. Gill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-03

Date

850-941-2750

Daytime Phone #

CR2E081 (10/02)

PER OUR PHONE CALL. The charge to be reinstated will be \$750.00 due to the fact that your records show that the Post Office returned our prior forms to you and did not forward them to us. Proof of change of address was shown. Thank you very much in your help in this matter

Sincerely Yours.
Ralph Bell