PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 OCT 30 PM 4: 08
DOCUMENT # P98 0000	84011	SECRETARY OF STATE TALLAHASSEE, FLORIDA
S & P Custom, 1.	NC,	
2. Principal Office Address 9925 12014 Caugh North Suite, Apt. #, etc.	3. Mailing Office Address 9925 120th Court North Suite, Apt. #, etc.	000024289850 10/30/0301052031 **1243.75 <i>M 1-4-03</i>
City & State	City & State	To Do Business in Florida 9/29/98 5. FEI Number Applied For
Sem Male Zip Country 33772 Piles (25	Semilia (country 33772 PAULIES	59 3535/40 Not Applicable CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name JOSEPH F., VALZ PROSESSIONAL FARMICIAL SERVICES & ASSOC, INC.		
Street Address (P.O. Box Number is Not Acceptable) 710 9414 Ave. No. Alle		
Suite, Apt. #, Etc.		
City	St. Petersburg	State Zip Code 33772
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		
9. Names and Syeet 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	
Pirit Stephen E. Shulea 9925 120th court worth Semonole, Fl. 33772		
		-
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: 10/18/03 (227) 510 - 3198 Daytime AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

S&P CUSTOM, INC.

- Web Site Design/Development/Maintenance
- Marketing Plans/Training Programs/Business Strategies
- Literature/Brochures/Flyers

- Business Plans
- PowerPoint Presentations
- Custom Designs

October 18, 2003

FOR INFORMATION PURPOSES. P98000084011

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Subject:

S & P Custom, Inc.

Reference:

Reinstatement and Change of Registered Agent

Enclosed please find the completed forms and associated fees to accomplish both the change of registered agent and reinstatement of S & P Custom, Inc.

One of my clients informed me that my corporation had been subjected to your administrative dissolution for not being in receipt of annual reports since 1999 and associated annual fees. Ironically, ignorance is not always a state of bliss. I, unfortunately, did not realize that an annual report was required and did not receive any notification from your office to that effect due to my having experienced a serious injury which necessitated a long recuperative period along with changing the business address from Tampa to Seminole without notifying your office. Also, evidently the US Postal service did not deem it necessary to forward any mail you might have transmitted to the Seminole address, which resulted in not receiving any communications from your office. However, each year there has been a proper tax filing for the firm's activities.

Enclosed you will find a single check in the amount of \$1,243.75 which covers the cost of Reinstatement of \$ & P Custom, Inc. at \$1,200.00, fee for Change of Registered Agent at \$35.00, and fee for Certificate of Status at \$8.75.

Regards,

Stephen E. Shuler

11/04/03

RETURN MAIL DETAIL SCREEN

3:37 PM

CORP NUMBER: P98000084011 CORP NAME: S & P CUSTOM, INC.

2000

ANNUAL REPORT FIRST NOTICE RETURNED BOX: 0035

FILED

03 OCT 30 PH 4: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS 7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR:

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