

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2

APPLICATION FOR  
 FLORIDA DEPARTMENT OF STATE  
 AUTHORITY  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

FILED

00 NOV 16 AM 11:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000054625

1. Corporation Name

A CUSTOM TOUCH, INC.

Principal Place of Business

10070 HAWKS HOLLOW RD.  
 JACKSONVILLE FL 32257

A CUSTOM TOUCH, INC.  
 3714 VIA DE LA REINA  
 JACKSONVILLE, FL 32207  
 904-636-0823

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

06/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3580884

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	GUGGISBERG, CATHY	10070 HAWKS HOLLOW RD.	JACKSONVILLE FL 32257
PVP	GUGGISBERG, CATHY	10070 HAWKS HOLLOW RD.	JACKSONVILLE FL 32257
ST	GUGGISBERG, CATHY	10070 HAWKS HOLLOW RD.	JACKSONVILLE FL 32257
			200003493012--1 -12/11/00--01024--013 ****150.00 ****150.00
		DO UBE	

8. Name and Address of Current Registered Agent

GUGGISBERG, CATHY  
 10070 HAWKS HOLLOW RD.  
 JACKSONVILLE FL 32257

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

Catherine Guggisberg  
 REGISTERED AGENT MUST SIGN

Date

11/13/00

11. 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:

Catherine Guggisberg  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/00 904 636-0823  
 Date Printing Phone #

CR2E040 (800)

20f2

At this time I would like  
you to review & reinstate  
my license - I sent a check #1163  
for 150<sup>00</sup> on May first, I  
recently called the bank & it  
never cleared, meaning you  
never got it. Can you please review,  
reinstate & waive the fees?

Cathy Guggisberg  
A Custom Touch, Inc