

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2

FILED

00 NOV 16 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR  FLORIDA DEPARTMENT OF STATE
Authenticating Secretary of State
DIVISION OF CORPORATIONS

2000 UBE

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/15/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-3580884	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 OR 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 150⁰⁰ on May first, I
recently called the bank & it
never cleared, meaning you
never got it. Can you please review,
reinstated & waive the fees?

Cathy Guggisberg
A Custom Touch, Inc