


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

7/10/01 90501 047-6800

DOCUMENT # **P99000054625**

1. Corporation Name

**A CUSTOM TOUCH, INC.**

Principal Place of Business

10070 HAWKS HOLLOW RD.  
JACKSONVILLE FL 32257

Mailing Address

A CUSTOM TOUCH INC.  
3714 VIA DE LA REINA  
JACKSONVILLE FL 32217

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/15/1999

5. FEI Number

59-3580884

Applied For

Not Applicable

6. 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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

900004669579--8  
-11/06/01--01077--021  
\*\*\*\*400.00 \*\*\*\*400.00

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

*Cathy Guggisberg*  
REGISTERED AGENT MUST SIGN

Date 10/10/01

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:

*Cathy Guggisberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #