PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		¶ FILEU
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 APR 11 AM 7: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P99000 1. Corporation Name FRANK MATTA CUSTON	0075618 HOMES, TICCRPORATED	
2. Principal Office Address CASSIC COURT S Suite, Apt. #, etc.	3. Mailing Office Address 7 CLASSIC COURT, SOUTH Suite, Apt. #, etc.	800015748318 04/11/0301031002 **600.00 4. Date Incorporated or Qualified To Do Business in Florida 1980
City & Stale PALM COAST, FL Zip 30137 Country USA	City & State PALM COAST, FL Zip Country 32137 USA	5. FEI Number 59-1994722 Applied For Not Applied For Not Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
33.6.	7. Name and Address of Current Register	<u> </u>
Name LAURIE KLINKENBERG Street Address (P.O. Box Number is Not Acceptable) 79 FORT CAROLINE LAWE Suite, Apt. #, Etc. City PALM COAST State Zip Code FL 32/37		
Signature of Registered Agent Multiplication Agent Multiplication Agent Multiplication Agent Registered Registere		
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
P FRANK MATTA 7 CLASSIC COURT, South PALM COAST, FL 32137		
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Date Daytime Phone #		

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Frank Motta Custom Homes Inc. 7 Classic Ct. So. Palm Coast, Fl. 32137 386-4453652

Corporation Reinstatement:

Fl. Dept. of State

Sec. of State

Division of Corp.

We never received an Fenewal Notificationor Correspondence Whatso ever from FI Dept. of State.

possibly mail was not forwarded by post

De didn't ignose Correspondence-we never received any.

Enclosed is a check for \$600.00 for previous years filing fees a current year. I would appreciate if you could waid the \$600.00 reinstatement fee.

Thanking you In advance.

Frank Matta Pres.

Em.