

192



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 6:48

1. Corporation Name

Principal Place of Business

Mailing Address

8541 OLD TOWNE WAY
BOCA RATON FL 33433

8541 OLD TOWNE WAY
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 18224 46th N. Suite, Apt. #, etc. Laxahatchee, FL City & State		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State		4. Date Incorporated or Qualified To Do Business in Florida 11/17/1999	
5. FEI Number 65-0983596		Applied For 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
PD	DENSON, BRIAN	8541 OLD TOWNE WAY	BOCA RATON FL 33433
VST	AQUIDAD, KAMEL	7302 NORTHWEST 45TH AVENUE	COCONUT CREEK FL 33073
			100004663571--9 -11/02/01--01012--001 ***150.00 ***150.00- SP

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DENSON, BRIAN 8541 OLD TOWNE WAY BOCA RATON FL 33433		Name BRIAN DENSON Street Address (P.O. Box Number is Not Acceptable) 18224 46th Court North Suite, Apt. #, Etc. N/A	
		City Loxahatchee	State FL Zip Code 33470

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

Date 1-6-15-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-11

Date: _____

Daytime Phone #

561-791-9971

29/2

To whom it may concern,

We have moved and we did not receive a Notice for payment, I would like to be excused from paying the penalty. Our New address is 18224 46th N.

Loxahatchee, FL 33470

Thank You,

Brian Denson
Custom Contractors

