

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 29 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000000299**

1. Corporation Name

ELITE CUSTOM WOODWORKS, INC.

Principal Place of Business

Mailing Address

3906 ALOHA LANE
BONITA SPRINGS FL 34134
US

3906 ALOHA LANE
BONTIA SPRINGS FL 34136
US



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.		01/21/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3420548	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 A Additional Fee is paid 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PPST PST	NICHOLSON, ALEX W III	3906 ALOHA LANE	BONITA SPRINGS FL 34134
V	Nicholson, Dana A	3906 Aloha Lane	Bonita Spgs, FL 34134

REINSTATEMENT 99 as of 11/13/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
NICHOLSON, ALEX W III 3906 ALOHA LANE BONITA SPRINGS FL 34134		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent:

REGISTERED AGENT MUST SIGN

300003068513--2
-12/13/99-0436--008
Date: ***758.75 ***758.75

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

Date: 11/14/99

Daytime Phone #: 941-948-2203

CR2E040 (09/99)