

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

06 JUN 19 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO1000006606

1. Corporation Name

EUROPEAN CUSTOM WOODWORKS  
INC.

2. Principal Office Address

1194 Old Dixie Hwy

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE # 11 # 12

Suite, Apt. #, etc.

SAME

City & State

LAKE PARK, FL

City & State

---

Zip

33403

Country

USA

Zip

Country

**REINSTATEMENT**

02-06

CRZE081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

1998

5. FEI Number

65-0832601

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN SERVETAS

Street Address (P.O. Box Number is Not Acceptable)

1194 Old Dixie Hwy

Suite, Apt. #, Etc.

STE # 11 # 12

City

LAKE PARK,

State

FL

Zip Code

33403

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6/14/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P.T.S</u> <u>D</u>	<u>JOHN SERVETAS</u>	<u>1194 Old Dixie Hwy</u> <u>Ste # 11 # 12</u>	<u>LAKE PARK, FL</u> <u>33403</u>

800076649418  
05/27/06--01053--001 \*\*750.00

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 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 contained in Chapter 119, 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

(561)841-7300

Daytime Phone #

6/20/06