

FILED 142
07 APR -4 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # PO5000025565

1. Corporation Name
ROBERTS CUSTOM WOODWORKING, INC.

2. Principal Office Address
13212 Grant Logan Ln.
Suite, Apt #, etc

3. Mailing Office Address
13212 Grant Logan Ln.
Suite, Apt #, etc

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32225 Country
United States

Zip
32225 Country
United States

REINSTATEMENT

06-07
CR

CR2881 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida
2-17-05

5. FEI Number
20-2360045

6. CERTIFICATE OF STATUS DESIRED \$275 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt #, Etc

City
TALLAHASSEE

State
FL

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0503, F.S.

Signature of Registered Agent
Cynthia L. Harris

Cynthia L. Harris as its agent

Date
4/4/07

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael J. Roberts	13212 Grant Logan Ln.	Jax, FL 32225
D	Michael J. Roberts	13212 Grant Logan Ln	Jax, FL 32225

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: Michael J. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4-2-07

Daytime Phone
904-239-4298

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

ROBERTS CUSTOM WOODWORKING, INC.

Certificate of Status	0
Certified Copy	0
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