

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JAN 17 PM 6:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 02-08  
CR2E081 (12/08)

DOCUMENT # P06000070663

1. Corporation Name  
At W Custom Woodwork, INC.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

6357 103rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32210 Duval

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/06

5. FEI Number

20-4910917

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

Fred Ariel

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

6357 103rd ST

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Fred Ariel*

REGISTERED AGENT MUST SIGN

Date 01-06-09

**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
PLD	Fred Ariel	6357 103rd ST	Jacksonville, FL 32210
Mr	Voncannon, George	6357 103rd ST	Jacksonville, FL 32210

100139916401  
01/07/09--01053--006 \*\*300.00

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:

*Fred Ariel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-06-09

Daytime Phone #

904-588-8856

George Voncannon was added per phone conversation with Dec Ariel on Jan. 16, 2009. 897 1-16-09