

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 DEC 20 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005946

1. Corporation Name

CUSTOM SHOP CORP.

Principal Place of Business

1285 ALUM CREEK DRIVE
COLUMBUS OH 43209-2797

Mailing Address

1285 ALUM CREEK DRIVE
COLUMBUS OH 43209-2797

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/26/1998

5. FEI Number

31-1562641

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	STERN, MICHAEL	1285 ALUM CREEK DRIVE	COLUMBUS OH
ST	KYEES, JOHN	1285 ALUM CREEK DRIVE	COLUMBUS OH
			11LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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:

JOHN E. KYEES, JR. V.P. ST

12-14-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. KYEES

VICE-PRESIDENT AND
SECRETARY/TREASURER

Date

Daytime Phone #



EXECUTIVE OFFICES • 402-412 ROUTE 23 • FRANKLIN, NJ 07416 • TELEPHONE (973) 827-9135 • FAX (973) 827-9826

December 14, 1999

Ms. Katherine Harris
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Re: Custom Shop Corp. (FEIN 31-1562641)
Document # 98000005946

Dear Ms. Harris;

Enclosed is our Application for Reinstatement for the above account which was received for filing.

Please be advised, we filed our 1999 Annual Report in August, enclosing a check in the amount of \$550.00, which has been cashed. Inasmuch as we were not notified to the contrary, we assumed our filing was complete. Kindly apply the aforementioned check No. 31624 in payment of our Reinstatement.

Thank you for your attention to this matter.

Very truly yours,

Mariann Cilurso
Assistant Controller

/ahf