

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 22 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H98748

1. Corporation Name

OWEN CUSTOM WOODWORK, INC.

Principal Place of Business

5307 EAST AVE. BAY #1  
MANGONIA PARK FL 33407

Mailing Address

5307 EAST AVE. BAY #1  
MANGONIA PARK FL 33407

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

2. New Principal Office Address, if Applicable

5307 EAST AVE.  
Suite, Apt. #, etc.  
BAY #6

City & State  
MANGONIA PARK, FL

Zip  
33407

3. New Mailing Office Address, if Applicable

5307 EAST AVE.  
Suite, Apt. #, etc.  
BAY #6

City & State  
MANGONIA PARK, FL

Zip  
33407

Country  
PALM BEACH

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/1986

5. FEI Number

59-2651561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	HANSLIP, OWEN W.	375 W 15TH ST	RIVERA BEACH FL 33404
ST	ZERETA, HANSLIP	375 W 15TH ST	RIVERA BEACH FL 33404

100002016301--9  
-11/27/96--01036--007  
\*\*\*\*375.00 \*\*\*\*375.00

06/11/25-96

8. Name and Address of Current Registered Agent

HANSLIP, OWEN  
5307 EAST AVE. BAY #1  
MANGONIA PARK FL 33407

9. Name and Address of New Registered Agent

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

11/19/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Zereta Hanslip*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-96-561-848-3001  
Date Daytime Phone