

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

99 SEP 20 PH 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H98748**

1. Corporation Name
OWEN CUSTOM WOODWORK, INC.

Principal Place of Business

~~5307 EAST AVE, BAY #6~~
MANGONIA PARK FL 33407

Mailing Address

~~5307 EAST AVE, BAY #6~~
MANGONIA PARK FL 33407

REINSTATEMENT 97-99

If you have made any corrections to the information entered, please enter correction below.
2. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

5475 Maule Way
City & State

Mangonia Park, FL
Zip

33407

Suite, Apt. #, etc.

P.O. BOX 9312
City & State

Riviera Beach, FL
Zip

33404

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 ☐

**\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HANSLIP, OWEN W	375 W 15TH ST	RIVIERA BEACH FL 33404
ST	ZERETA, HANSLIP	375 W 15TH ST	RIVIERA BEACH FL 33404
000003006620--3 -10/06/99--01003--017 ***1000.00 ***1000.00			
000003006620--3 -10/06/99--01003--018 *****50.00 *****50.00			

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
Owen Hanslip
Street Address (P.O. Box Number is Not Acceptable)
5475 Maule Way
Suite, Apt. #, Etc.

City
Mangonia Park State
FL Zip Code
33407

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.

Owen Hanslip
THE REGISTERED AGENT MUST SIGN

Date **9-10-99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Owen Hanslip
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-10-99** Daytime Phone # **561-848-3001**