

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K86807

1. Corporation Name

CUSTOM STORE LIGHTING & MANUFACTURING CO., INC.

Principal Place of Business

Mailing Address

~~THOMAS WANDERON~~  
1876 TRADE CENTER WAY  
NAPLES FL ~~33902~~

~~THOMAS WANDERON~~  
1876 TRADE CENTER WAY  
NAPLES FL ~~33902~~

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

2. New Principal Office Address, if Applicable

1876 TRADE CENTER WAY

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34109

Country

3. New Mailing Office Address, if Applicable

1876 TRADE CENTER WAY

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34109

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/1989

5. FEI Number

65-0123172

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
PDT	FORBIS, RONALD M.	1876 TRADE CENTER WAY	NAPLES FL 34109
DVPS	FORBIS, RICHARD	1876 TRADE CENTER WAY	NAPLES, FL 34109

4000003460094--6  
-11/13/00--01005--015  
\*\*\*1500.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

FORBIS, MELVIN  
2700 COACH HOUSE LN  
NAPLES FL 34105

9. Name and Address of New Registered Agent

Name

WANDERON, THOMAS

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

9915 TAMiami TRAIL NORTH, SUITE 2

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34108

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

10/23/2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/00

941-597-7121

KE