

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 15 PM 1:34

DOCUMENT # P00000007428

1. Corporation Name

Central Shutters and Woodworking inc.

800004961498--7

-02/20/02--01060--011

****308.75 ****308.75

2. Principal Office Address

166 18th Ave

Suite, Apt. #, etc.

City & State

Vero Beach FL

Zip

32962

Country

I.R.

3. Mailing Office Address

166 18th Ave

Suite, Apt. #, etc.

City & State

Vero Beach FL

Zip

32962

Country

Indian River

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 14, 2000

5. FEI Number

45-0972536

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

William or Stefani Ware

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

166 18th Ave

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32962

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

REGISTERED AGENT MUST SIGN

Date

Feb. 6, 2002

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 |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| Pres. | William C. Ware Jr. | 166 18th Ave V.B. FL 32962 | |
| V.P. | Stefani Ware | 166 18th Ave V.B. FL 32962 | |
| Sec. | Stefani Ware | | |
| Tres. | William C. Ware Jr. | | |
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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 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

2-6-02

Date

473-7685

Daytime Phone #

CR2E081 (9/01)