

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000103522

1. Corporation Name

CUSTOM CASEWORK INSTALLERS, INC.

Principal Place of Business

12504 WEXFORD ROAD  
RIVERVIEW FL 33569

Mailing Address

12504 WEXFORD ROAD  
RIVERVIEW FL 33569



200009504342  
12/13/02--01043--008 \*\*175.00

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

11/03/2000

5. FEI Number

59-3686255

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
D	DYKES, ROBERT L JR	12504 WEXFORD ROAD	RIVERVIEW FL 33569
D	DYKES, TRACEY L	12504 WEXFORD ROAD	RIVERVIEW FL 33569

8. Name and Address of Current Registered Agent

DYKES, ROBERT L JR  
12504 WEXFORD ROAD  
RIVERVIEW FL 33569

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Robert Lee Dykes Jr*  
REGISTERED AGENT MUST SIGN

Date *October 28, 2002*

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:

*Robert Lee Dykes Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*6788*

CR2E040 (8/02)

**PATRICK K. FLANAGAN, CPA, P.A.**

December 4, 2002

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Custom Casework Installers, Inc.  
Ein: 59-3686255  
Document: P00000103522  
Form UBR - Annual Report 2002

Attention: Mr. Sean Toner, Senior Section Administrator

Dear Mr. Toner:

Please find enclosed the annual reports for the above referenced corporation.

Tracey Dykes, a corporate director, has stated to me that this is the first correspondence the corporation had received with respect to the 2002 filings.

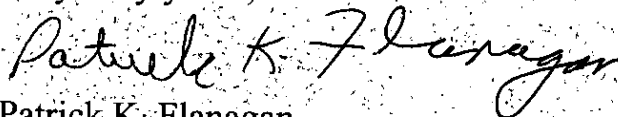
She said that she received neither an initial request for payment early in 2002, nor any further annual reports from the State during 2002.

Please instruct us how to proceed to reinstate the corporation status. Taxpayer has enclosed a check for the original amount that would have been remitted.

Your cooperation and assistance is very much appreciated.

Should you have any questions with regard to the above, please do not hesitate to contact me at (813) 933-6826.

Very truly yours,



Patrick K. Flanagan  
Certified Public Accountant  
cc: Tracey L. Dykes, Director