

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



FOR REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000103522

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3686255

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

Handwritten initials/signature

CR2E040 (8/02)

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

Signature of 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:

Signature of Robert Lee Dykes Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *10-28-02* 813-677-6788
Daytime Phone # *6788*

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.

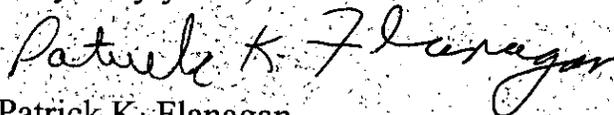
She said that she received neither an initial request for payment early in 2002, nor any further annual reports from the State during 2002.

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