


PO 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 MAR 18 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO10000029243**

1. Corporation Name
Custom Woodworks & Interiors Inc

2. Principal Office Address 5911 SW 56 ST		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State same	
Zip 33155	Country USA	Zip	Country

T. Roberts MAD 0 2 2222

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida **03.19.2001**

5. FEI Number 651080355	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

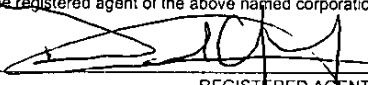
Name **Daniel C. Fernandez**

Street Address (P.O. Box Number is Not Acceptable)
5911 SW 56 Street

Suite, Apt. #, Etc.

City **Miami** State **FL** Zip Code **33155**

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  Date **01.24.2005**

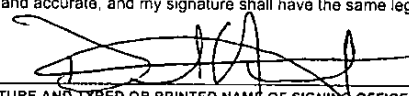
REGISTERED AGENT MUST SIGN

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
P	Daniel C. Fernandez	5911 SW 56 ST	Miami, FL 33155

700049338117
05/29/05--01013--016 **450.00

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:  Date **01.24.2005** Daytime Phone # **305.450.1820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)

PS 482

January 24, 2005

Department of State
Division of Corporations
409 E Gaines Street
Tallahassee, FL 32399

RE: Custom Woodworks & Interiors Inc
FEI 651086355

To Whom It May Concern:

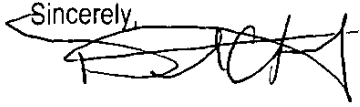
Our company moved locations in 2003 and did not receiving the reinstatement notices.

Enclosed please find the following:

1. Reinstatement Form
2. Check in the amount of \$450 for the 3 years of report filing

Thank you for your prompt attention to this matter.

Sincerely,



Daniel C. Fernandez
Custom Woodworks & Interiors
5911 SW 56 Street
Miami, FL 33155