

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 15 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048100

1. Corporation Name

CONSOLIDATED CUSTOM TRIM, INC.

Principal Place of Business

Mailing Address

6309 WHITE OAK LANE  
ORLANDO FL 32809

6309 WHITE OAK LANE  
ORLANDO FL 32809

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/2001

5. FEI Number

59-3721734

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
DP	LONG, LARRY L	6309 WHITE OAK LANE	ORLANDO FL 32809
D	LONG, SHARON J	6309 WHITE OAK LANE	ORLANDO FL 32809

800027008238  
01/15/04--01015--016 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LONG, LARRY L  
6309 WHITE OAK LANE  
ORLANDO FL 32809

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

*Larry L Long*  
REGISTERED AGENT MUST SIGN

Date

1-12-2004

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

*Larry L Long*  
LARRY L LONG

Date

1-12-2004- 407 467 2695

Daytime Phone #

# *Consolidated Custom Trim, Inc.*

Custom Woodworking & Interior Design  
(SINCE 1980)

January 12, 2004

Florida Department of State  
Glenda E. Hood, Secretary Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Ms. Hood;

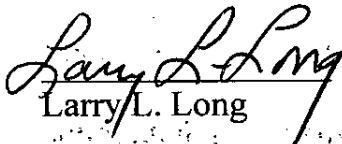
I am writing to inform you that I did not receive the form to pay my corporations annual report for 2003. I did not realize this mistake until I received this reinstatement form after Christmas.

I have had problems with my mail this past year, not receiving important Contracts or they were very late. I even spoke with my local postmaster concerning this matter.

Enclosed you will find a check for \$150.00, which I hope you will accept for my annual fee. You can contact me by mail or call me at 407-467-2695, to let me know if any additional fees are due.

I appreciate anything you can do to reinstate this corporation.

Sincerely,

  
Larry L. Long