

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

03 DEC -9 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P02000021353**

1. Corporation Name

**CENTRAL FLORIDA CUSTOM INTERIORS, INC.**

Principal Place of Business

Mailing Address

13707 SE 49TH AVENUE  
SUMMERFIELD FL 34491

13707 SE 49TH AVENUE  
SUMMERFIELD FL 34491

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

02/25/2002

5. FEI Number

04-3607262

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03

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	ARTMAN, CLARK DELROY	13707 SE 49TH AVENUE	SUMMERFIELD FL 34491
<del>D</del>	<del>WOODS, JOSEPH JARRETT</del>	<del>5179 SE HWY 42</del>	<del>SUMMERFIELD FL 34491</del>
<del>D</del>	<del>MASI, ALLEN JOSEPH</del>	<del>5179 SE HWY 42</del>	<del>SUMMERFIELD FL 34491</del>
			400025338714 12/09/03--01014--005 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARTMAN, CLARK DELROY  
13707 SE 49TH AVENUE  
SUMMERFIELD FL 34491

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

Date

12/5/03

REGISTERED AGENT MUST SIGN

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:

Clark Artman

Date

12/5/03

Daytime Phone #

(352) 427-8527

CR2E040 (7/03)