

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 28 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 03000081495

1. Corporation Name
C.G. WOODWORKING, INC.

1440 VALE CIRCLE
1440 VALE CIRCLE

2. Principal Office Address
1440 VALE CIRCLE

Suite, Apt. #, etc.

City & State
DELTONA, FL.

Zip
32738

Country
VOLUSIA

3. Mailing Office Address
1440 VALE CIRCLE

Suite, Apt. #, etc.

City & State
DELTONA, FL.

Zip
32738

Country
VOLUSIA

REINSTATEMENT 2004

4. Date Incorporated or Qualified
To Do Business in Florida 07/11/03

5. FEI Number
20-0092082

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
GLENDA M. SAPIRMAN-SCHREIBER

Street Address (P.O. Box Number is Not Acceptable)
1440 VALE CIRCLE

Suite, Apt. #, Etc.

City
DELTONA

State
FL Zip Code
32738

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

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/D	GLENDA SAPIRMAN-SCHREIBER	1440 VALE CIRCLE	DELTONA, FL. 32738
T/D	CHARLES C. SCHREIBER	1440 VALE CIRCLE	DELTONA, FL. 32738

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (07/04)

2022

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

Re: C. G Woodworking, Inc.
2004 Annual Report

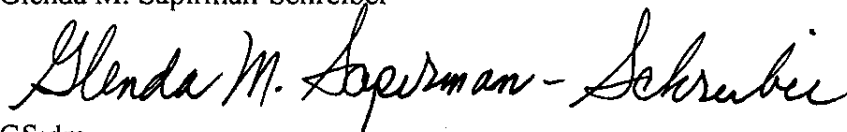
Gentlemen:

I realize I had a deadline of September 8th, 2004, in which to file the Annual Report for 2004 for C.G. WOODWORKING, INC.

I am requesting a waiver of the September 8th deadline due to the hurricane damage and stress we have gone through since August. The storms present a financial disaster as well since the income of the Corporation depends on the weather. I appreciate your consideration of the circumstances surrounding the failure to get this in on time. I did not receive an annual report form in the mail to file by May but will make sure that I contact you if I do not receive one in 2005.

Sincerely,

Glenda M. Sapirman-Schreiber



GS:dm

PI: