

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -9 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P030000126597**

1. Corporation Name

Jimmy D'S. Custom Trim, Inc.

2. Principal Office Address

109 GREGORY Rd

Suite, Apt. #, etc.

City & State

WPB, FL

Zip

33405

Country

PBC

3. Mailing Office Address

109 GREGORY Rd

Suite, Apt. #, etc.

City & State

WPB, FL

Zip

33405

Country

PBC

REINSTATEMENT 04-06

CR2E081 (8/05)

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

11-5-03

5. FEI Number

179-42-7021

☐ 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

JAMES G. D'AGOSTINO

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

109 GREGORY Rd

Suite, Apt. #, Etc.

City

WPB

400064479204

01/25/06--01009--013 **150.00

400064479204

01/25/06--01009--014 **300.00

State

FL

Zip Code

33405

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

James G. D'Agostino

REGISTERED AGENT MUST SIGN

Date **12-22-05**

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
Pres Sec	JAMES D'AGOSTINO	109 GREGORY Rd	WPB, FL 33405

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:

James G. D'Agostino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-22-05 561-635-2042

Daytime Phone #

JANUARY 6th 2006

Florida Dept. of State
Division of Corporation

Subject Jimmy Al's Custom Trim Inc.

Ref. # PO3000136597

As my conversation to your office I am sending
in an additional \$150.00 as requested. To bring me
up to date. Not receiving any documents per
payment. The total of 450.00 should bring me
up to date.

Thank You
Jimmy W. Agoston