

2005 R PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000144109

1. Entity Name
A W CUSTOM, INC.



APPROVED
AND
FILED

05 SEP 27 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
400 SOUTH BAY STREET
UNIT 503
BUNNELL, FL 32110

Mailing Address
18 FERNWOOD DR.
PALM COAST, FL 32137



2. Principal Place of Business

4490 N. US Hwy 1

3. Mailing Address

4490 N. US Hwy 1

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

108

City & State

PALM COAST FL

City & State

PALM COAST FL

Zip

32110

Country

FLAGLER

Zip

32137

Country

FLAGLER

09222005

REIN-P

CR2E098 (6/04)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHEELER, ALAN
18 FERNWOOD DRIVE
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 21, 05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WHEELER, ALAN
STREET ADDRESS 18 FERNWOOD DR.
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D ☐ Delete
NAME WHEELER, SUSAN
STREET ADDRESS 18 FERNWOOD DRIVE
CITY-ST-ZIP PALM COAST, FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Sept 21, 05 212-1106

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