

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

10fz

FILED

04 OCT 25 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000144864



1. Entity Name  
SPECIALTY TRIM CARPENTRY INC

Principal Place of Business  
138 BURNS AVE  
LONGWOOD, FL 32750

Mailing Address  
138 BURNS AVE  
LONGWOOD, FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number

20-0449530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LISS, DELBERT  
138 BURNS AVE  
LONGWOOD, FL 32750

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

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME LISK, DELBERT  
STREET ADDRESS 138 BURNS AVE  
CITY - ST - ZIP LONGWOOD, FL 32750

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
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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  
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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:

*Delbert Lisk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

700042291297  
10/28/04--01063--007 \*\*150.00

10/21/04

115

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SPECIALTY TRIM CARPENTRY, INC  
130 BURNS AVENUE  
LONGWOOD, FLORIDA 32750

10/21/04

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

Gentlemen:

I am writing to you regarding a late payment and filing of the annual 2004 corporate report form. The corporation, Specialty Trim Carpentry, Inc. was formed and filed on Dec. 3, 2003. I have no record or recollection of receiving your annual renewal form for 2004; therefore, I am requesting a waiver of the reinstatement fee for non-receipt of the original/second notice annual report. A reinstatement form and a check are enclosed.

I greatly appreciate your consideration of my request for reinstatement and waiver of the reinstatement fee.

Respectfully

Delbert Lisk, President



903000/44864