

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 PM 4:53

DOCUMENT # P03000150036

1. Corporation Name

CREATIVE CUSTOM WOODWORK, INC

REINSTATEMENT 05-06

2. Principal Office Address
3339 CONCERT LN

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARGATE, FL

City & State

Zip
33063

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 12/11/2003

5. FEI Number
20-0466451

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
CSG - CAPITAL SERVICES GROUP INC

Street Address (P.O. Box Number is Not Acceptable)
446 W HILLSBORO BLVD

Suite, Apt. #, Etc.

City
DEERFIELD BEACH

State Zip Code
FL 33441

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 11/15/2006

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
PDS	ADIEL H DA SILVA	3339 CONCERT LN	MARGATE, FL 33063

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11/17/06--01034--003 **900.00

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 contained in Chapter 119, 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

11/15/2006 954-638-0204

Date

Daytime Phone #