

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SEC. OF STATE  
DIVISION OF CORPORATIONS

06 OCT 10 PM 4:16

DOCUMENT # **704000076988**

**1. Corporation Name**

**Cherry Tree Custom Woodworks**

**2. Principal Office Address**

**1758 Oak Grove Dr**

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

City & State

**Green Cove Spgs, FL**

Zip

Country

Zip

Country

**32043**

**Clay**

**Clay**

**REINSTATEMENT** **05-06**  
CR2E081 (12/05)

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

**5. FEI Number**

**20-1122915**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

**23.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**Arthur G. Allison III**

Street Address (P O Box Number is Not Acceptable)

**1758 Oak Grove Dr**

Suite, Apt. #, Etc.

**300080697643**

**10/10/06--01072--013 \*\*308.75**

City

**Green Cove Springs**

State

**FL**

Zip Code

**32043**

**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

*Arthur G. Allison III*  
REGISTERED AGENT MUST SIGN

Date **10/4/06**

**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
CEO	Kimberly C. Allison	1758 Oak Grove Dr	Green Cove Springs, FL 32043
Pres.	Arthur G. Allison III	Same	Same

**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:

*Kimberly C. Allison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/4/06**  
Date

**904-705-1896**  
Daytime Phone #

2012

Cherry Tree



Custom Woodworks

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1758 Oak Grove Drive, Green Cove Springs, Florida 32043

October 4, 2006

To Whom It May Concern:

Please be aware that, to date, we have never received a copy of the notice regarding the annual filing nor had our previous Registered Agent received one. Therefore, please accept this letter as a request to waive the late charges/penalties as an exception. Had we been aware of the situation, they would have been paid in a timely manner.

Thank you for your consideration.

Respectfully yours,

Kimberly C. Allison  
Chief Executive Officer  
Cherry Tree Custom Woodworks  
904-705-1896

Proud Member



**AWI** ARCHITECTURAL  
WOODWORK  
INSTITUTE