

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUL 10 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000086010

1. Corporation Name

Custom Made Wood Creations Inc.

000158360670
07/10/09--01034--022 **450.00

2. Principal Office Address - No P.O. Box #

3150 Pembroke Rod.

Suite, Apt. #, etc.

249

City & State

Pembroke Pines FL

Zip

33009

Country

Broward.

3. Mailing Office Address

6750 Cleveland ST.

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33024

Country

Broward.

REINSTATEMENT 07-09
CRZE08T (1/07)
207/10

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

16-1765713

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

Marco Castillo

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

6750 Cleveland ST.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Marco Castillo

REGISTERED AGENT MUST SIGN

Date

7-9-09

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 |
|--------|-----------------------------------|--|--------------------|
| P | LESLEY ALFARO | 6750 Cleveland ST | Hollywood FL 33024 |
| VP | MARCO CASTILLO | 6750 CLEVELAND ST | Hollywood FL 33024 |
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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:

Marco Castillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-09

Date

Daytime Phone #