

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000095509

1. Entity Name
CUSTOM INTERIOR SERVICES, INC.



FILED

09 AUG 20 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

223 SOUTH PALMWAY

#5

LAKE WORTH, FL 33460 US

Mailing Address

223 SOUTH PALMWAY

#5

LAKE WORTH, FL 33460 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

318 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 2

City & State

City & State

Lake Worth, FL

Zip

Country

Zip

33460

Country

USA

6. Name and Address of Current Registered Agent

4. FEI Number

260779038

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

ARPONEN, JANI

223 SOUTH PALMWAY

#5

LAKE WORTH, FL 33460

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 \$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 P
NAME ARPONEN, JANI
STREET ADDRESS 223 SOUTH PALMWAY #5
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.