

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 25 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P92000000292*

1. Corporation Name

COSGROVE CUSTOM CARPENTRY

REINSTATEMENT *99-03*

100012976201
*02/24/03--01006--025 **1350.00*

2. Principal Office Address

5512 SW 119 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5512 SW 119 AVE

Suite, Apt. #, etc.

City & State

COOPER CITY FL

City & State

COOPER CITY FL

Zip

33330

Country

N/A

Zip

33330

Country

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 28, 1992

5. FEI Number

65-0367689

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

STEPHEN M. COSGROVE

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

5512 SW 119 AVE COOPER CITY FL

Suite, Apt. #, Etc.

City

COOPER CITY

State
FL

Zip Code

33330

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

Stephen M. Cosgrove

REGISTERED AGENT MUST SIGN

Date *2-19-03*

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
PRES	<i>STEPHEN M. COSGROVE</i>	<i>5512 SW 119 AVE</i>	<i>COOPER CITY FL 33330</i>

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 under section 119.07(3)(i), 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:

Stephen M. Cosgrove

STEPHEN M. COSGROVE 2-19-03 437 9484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

gs 2/25