

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**

Secretary of State

DIVISION OF CORPORATIONS

98 DEC 28 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000023438**

1. Corporation Name

**SIMSCRAFT CUSTOM PRODUCTS, INC.**

Principal Place of Business

Mailing Address

3250 NAVY BLVD.

3250 NAVY BLVD.

~~SUITE 600~~

~~SUITE 600~~

PENSACOLA FL 32505

PENSACOLA FL 32505

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

98

4. Date Incorporated or Qualified To Do Business in Florida

03/25/1994

5. FEI Number

59-2616591

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SIMS, HENRY N	<del>3250 NAVY BLVD., STE 600</del> 1950 LANCELOT DR	PENSACOLA FL 32505 32514
SD	SIMS, CYNTHIA L	3250 NAVY BLVD., STE 600	PENSACOLA FL 32505
TD	SIMS, CHARLENE	<del>3250 NAVY BLVD., STE 600</del> 1950 LANCELOT DR	PENSACOLA FL 32505 32514
VD	DOERSAM, KAREN S	3250 NAVY BLVD., STE 600	PENSACOLA FL 32505
VD	SIMS, HENRY N JR.	3250 NAVY BLVD., STE 600	PENSACOLA FL 32505

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMS, HENRY N  
3250 NAVY BLVD.  
SUITE 600  
PENSACOLA FL 32505

Name

Jesse T. Sims

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

3250 Navy Blvd

Suite, Apt. #, Etc.

City

PENSACOLA

600002734656--2

01/08/99 State and Local Code 024

\*\*\*\*750.FL 36509

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*

**REQUIRED**

REGISTERED AGENT MUST SIGN

Date

12/17/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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]* PRES. NATHAN SIMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/98

Date

Daytime Phone #

850-471-3259

CR2E040 (9/98)