

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000033176**

1. Corporation Name

Complete Custom Plastic Inc.

FILED
99 OCT 18 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1350 Wheeler Road
Apopka, FL 32703

Mailing Address

Sane

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

2. New Principal Office Address, If Applicable

300 Morin St.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Sane

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/94

5. FEI Number

59-3272535

Applied For

Not Applicable

City & State

Eustis FL 32726

Zip

Country

City & State

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

SR 70 Affidavit of Good Standing

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
	President Scott Thornton	1752 Cold Spring Ct. Apopka, FL 32712	Apopka, FL 32712
	Secretary Sharon Richey	34710 La La Place Ct.	Eustis, FL 32736

800003039208--0
-11/09/99--01022--010
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

Scott Thorton
1752 Cold Springs Ct. Apopka, FL 32712

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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)(l), 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] Scott E. Thornton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99
Date

(407) 880-9060
Daytime Phone #

CR2501 (12/98)