

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
ANDRE B. MORTHAM
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093759

1. Corporation Name
CUSTOM STUFF, INC.

Principal Place of Business
4181 NORTHWEST 1 AVENUE, #4
BOCA RATON FL 33431

Mailing Address
4181 NORTHWEST 1 AVENUE, #4
BOCA RATON FL 33431

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

4. Date Incorporated or Qualified
To Do Business In Florida

12/11/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0624594

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 VDP STD VD	HENNESSY, ROSE MARIE	4181 NORTHWEST 1 AVENUE, #4	BOCA RATON FL 33431
	COULLARI, RITA	4181 NORTHWEST 1 AVENUE, #4	BOCA RATON FL 33431
	GENOVESE, SAM	4181 NORTHWEST 1 AVENUE, #4	BOCA RATON FL 33431

700002357337--4
-11/26/97--01005--019
****200.00 ****200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSE MARIE HENNESSY
1050 NW 17TH AVE
BOCA RATON FL 33486

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Rose Marie Hennessy, Pres
REGISTERED AGENT MUST SIGN

Date 11-1-97

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)(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:

Rose Marie Hennessy, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-97
Date

581-394-4571
Daytime Phone #

FILED

97 NOV 25 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





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Custom Stuff Inc.

Corporate Office

4181 N.W. 1st Ave. #4, Boca Raton, FL 33431

Phone: (561) 394-4071

Fax: (561) 394-7931

Dear Leslie,

After speaking with your office I was told to write you this letter.

We never received our 1997 form to send in to you. When we

contacted your office, they told me to send the \$200.00 fee along with this letter. Please

call me with any questions. Our fee for 1996 was paid on time.
Thank you,

R. Hennessy Pres