

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061355

1. Corporation Name

HERITAGE CUSTOM WOODWORK, INC.

REINSTATEMENT 02-04

2. Principal Office Address

1305 POINSETTIA DR.

Suite, Apt. #, etc.

SUITE 3

City & State

DELRAY BEACH, FL.

Zip

33444-1251

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1996

5. FEI Number

650770142

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

THOMAS GMYREK

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

600 SNUG HARBOR DRIVE

Suite, Apt. #, Etc.

APT. # A-1

City

BOYNTON BEACH

State

FL

Zip Code

33435

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

Thomas Gmyrek

REGISTERED AGENT MUST SIGN

Date

2-16-04

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
P	THOMAS GMYREK	600 SNUG HARBOR DRIVE APT. A-1	BOYNTON BEACH, FL. 33435
V.P.	BRIAN GMYREK	3836 N.W. 9TH ST.	DELRAY BCH., FL. 33445
SEC. TREAS.	PATRICIA GMYREK	600 SNUG HARBOR DRIVE APT. A-1	BOYNTON BEACH, FL. 33435

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:

Thomas Gmyrek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04 5612435516

Date

Daytime Phone #

CR2001 (01/04)

Heritage Custom Woodwork, Inc.

Yachts

Residential

February 27, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Heritage Custom Woodwork Corporation Reinstatement

Dear Sir or Madam:

We acknowledge receipt of your letter dated February 19, 2004 in response to our letter to you dated February 16, 2004. Copies of both letters are enclosed.

It was recently brought to our attention our corporation status with the Florida Department of State is presently listed as "*inactive*", which came as a surprise to us since **we have no record of receiving the original/second notice uniform business report (UBR)**. Therefore, we were unaware that the corporation needed to be renewed.

Due to the fact that we did not receive the original/second notice uniform business report (UBR), we are requesting that the reinstatement fee be waived.

Enclosed are the following, which were previously mailed to you:

1. Original Florida Department of State Corporation Reinstatement Form, which reflects a change of address; and
2. Copy of Heritage Custom Woodwork check number 6451 payable to "Department of State" in the amount of \$458.75, which sum represents the \$450 renewal fee for 2002, 2003 and 2004, plus \$8.75 to receive a Certificate of Status. (Our records indicate that our check number 6451 has been cashed by the Department of State.)

Thank you for your assistance.

HERITAGE CUSTOM WOODWORK, INC.

By:


Thomas L. Gmyrek, President