

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 13 PM 3:35

DOCUMENT # P98000004446

1. Corporation Name

T. P. L. CUSTOM WOODWORKING, INC.

2. Principal Office Address

1468 N.W. 23<sup>rd</sup> AVE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33311

Country

USA

3. Mailing Office Address (New) \*

8854 PINION DR.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1-12-98

5. FEI Number

65-0811809

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

KOULE LYRAS

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

8854 PINION DR

(Note: new address) \*

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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

*Koule Lyras*

REGISTERED AGENT MUST SIGN

Date 12-7-00

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
D/P	KOULE LYRAS	8854 Pinion Dr. (New) *	Lake Worth, FL 33467
D/V	PERIKLIS LYRAS	531 N. Ocean Blvd, #1706	Pompano Beach, FL 33064

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:

*Koule Lyras*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KOULE LYRAS

12-7-00 (954) 868-2851

Date

Daytime Phone #

CR2E081 (9/99)

2

December 7, 2000

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

RE: T.P.L. Custom Woodworking, Inc.  
FEI# 65-0811809

Dear Whom It May Concern:

Enclosed please find the Corporation Reinstatement form filed on behalf of the above-referenced corporation along with a check in the sum of \$150 for the annual report fee.

Per Kathy at your office, we hereby request a one time waiver of the reinstatement fee due to our warehouse building being renovated throughout this year and difficulty in receiving our mail. By the time the matter of the annual report came to our attention, the corporation had already been dissolved.

Lastly, we would ask that the mailing address for the corporation be changed to my residence as indicated on the attached form to avoid this from occurring in the future.

Thank you for your assistance in this regard.

Sincerely,

*Koule Lyras Pres*

KOULE LYRAS, President  
T.P.L. Custom Woodworking, Inc.  
1468 N.W. 23rd Avenue  
Ft. Lauderdale, FL 33311  
Phone: (954) 868-2851

KL:dl

Encs.