

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000027331

1. Corporation Name

FANTASY TRIM WORKS, INC.

Principal Place of Business

Mailing Address

817 JULIA ST
FORT MYERS FL 33916

817 JULIA ST
FORT MYERS FL 33916

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

03/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~2212 SE 15th Terrace~~

~~2212 SE 15th Terrace~~

City & State

City & State

Cape Coral FL

Cape Coral FL

Zip

Country

Zip

Country

33990 FL

USA

33990

USA

5. FEI Number

65-0822090

OK

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--|
| D | SCROGGINS, MICHAEL | 2021 WEST 1ST STREET SUITE A 2212 SE 15th Terrace Cape Coral | FT. MYERS FL 33901 FL 33990 |
| D | SCROGGINS, JEROME G | 2021 WEST 1ST STREET SUITE A 2212 SE 15th Terrace | FT. MYERS FL 33901 Cape Coral FL 33990 |
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300008697519

10/30/02--01041--008 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCROGGINS, MICHAEL S

~~817 JULIA ST~~

~~FORT MYERS FL 33916~~

2212 SE 15th Terrace

Cape Coral FL 33990

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-28-02

11. 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:

[Signature] President Michael S. Scroggins

Date

Daytime Phone #

10-28-02

CR2E040 (8/02)