

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT

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

DOCUMENT # P98000028366

1. Corporation Name

ABSOLUTE TRIM CARPENTRY, INC.

Principal Place of Business

Mailing Address

~~775-16 AVE NW~~
NAPLES FL ~~34120~~

~~775-16 AVE NW~~
NAPLES FL ~~34120~~

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

2. New Principal Office Address, If Applicable

3754 DOMESTIC AVE

Suite, Apt. #, etc.
SUITE "F"

City & State
NAPLES FLORIDA

Zip Country
34104 U.S.A.

3. New Mailing Office Address, If Applicable

3754 DOMESTIC AVE

Suite, Apt. #, etc.
SUITE "F"

City & State
NAPLES FLORIDA

Zip Country
34104 U.S.A.

4. Date incorporated or Qualified To Do Business in Florida

03/26/1998

5. FEI Number

65-0830465

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HOVIS, ANTHONY P	775-16 AVE NW 2125 RIVER REACH DR APT. # 503	NAPLES FL 34120 34104
VPD	LORENCE, THOMAS	605 SE. 4th St.	CAPE CORAL, FL 33990

000003029710-5
-10/29/99--01085--011
****158.75 ****158.75

[Signature]

8. Name and Address of Current Registered Agent

STROHL, TAMMY
2272 AIRPORT ROAD SO #204-205
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name
ANTHONY PARKER HOVIS
Street Address (P.O. Box Number is Not Acceptable)
2125 RIVER REACH DR
Suite, Apt. #, Etc.
APT. # 503
City
NAPLES
State
FL
Zip Code
34104

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

18 OCT 99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] ANTHONY P. HOVIS

Date

18 OCT 99

Daytime Phone #

(941) 261-6695

or 565-9321

**ABSOLUTE TRIM
CARPENTRY INC**

3754 F DOMESTIC AVE
NAPLES, FL. 34104
(941)261-6695 office
(941)261-8707fax

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

RE: Waiver of fee

Dear Sir or Madam:

I, Anthony Parker Hovis, as president of ABSOLUTE TRIM CARPENTRY INC, respectfully request, a one time waiver of the fine imposed for failure to complete and submit on time, the corporations annual report.

I understand that this is the corporations' responsibility, to report every year, regardless of circumstance. This corporation has moved, and is outlined on enclosed report.

Thank you,

A. Parker Hovis 18 OCT 99
A. Parker Hovis