

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000110305

1. Corporation Name

CUSTOM WOODWORKS UNLIMITED, INC.

FILED

00 DEC 28 PM 3:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2139 DOBBS ROAD UNIT #5
ST. AUGUSTINE FL 32086

Mailing Address

2139 DOBBS ROAD UNIT #5
ST. AUGUSTINE FL 32086



REINSTATEMENT

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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/31/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-3624151	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	WILLIAM T. GOODE	2139 DOBBS RD #5 ST. AUGUSTINE	ST. AUGUSTINE, FL 32086
V/S	MARY R. GOODE	2139 DOBBS RD #5	ST. AUGUSTINE, FL 32086

8000003524488-0
-01/05/01--01020-015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GOODE, WILLIAM T
2139 DOBBS ROAD UNIT #5
ST. AUGUSTINE FL 32086

9. Name and Address of New Registered Agent

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
REGISTERED AGENT MUST SIGN

Date 12-27-00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #