PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
API	PLICATION FOR	LOR	EP E	Añ s			
DOCUMENT # V62369 1. Corporation Name					98 DEC -8 PM 5: 47		
SPECIALTY WOODWORKS OF JACKSONVILLE, INC.					SE(CRETARY OF STATE LAHASSEE. FLORIDA	
Principal Place of Business Mailing Address							
JACKSONVILLE FL 32210 4555-WESTCONNETT BLVD. JACKSONVILLE FL 32210 JACKSONVILLE FL 32210				•			
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 4555 VLSCOORS 4 Blvd. 4555 VLSCOORS					Date Incorporated or Qualified To Do Business in Florida 09/09/1992		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. FEI Numbe	f Applied For		
City & State City		City & State	City & State		6.	59-3161107 Not Applicable	
Zip	Zip Country Zip		Country	intn/		S8.75 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 Street Add Officers Officer and 2 3 (Do NOT Use Post C		eet Address of Each ficer and/or Director a Post Office Box No	imhare)	City / State / Zlp		
* DP			4555 WEST CON			JACKSONVILLE FL	
					<u></u> -		
					200002712812 5 -12/15/9801029018 ****150.00 ****150.00		
-							
	13,12/9/9				M		
	8. Name and Address of Current R	egistered Age	ent		9. Name and A	Address of New Registered Agent	
BAXTER, CURTIS 4555 WESTCONNETT BLVD.				Name	(86/6)		
				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
							City
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 Lucia PRE REQUIRED Date 12898							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)							
12. 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 MAINE OF SIGNING OFFICER OR DIRECTOR Date Of Daytime Phone #							

Speciality Woodworks of Jacksonville, Inc. 4555 Wesconnett Blvd. Jacksonville, Florida 32210 (904) 573-9930

December 3, 1998

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

REGARDING: Notice of Dissolution of Corporation

Per a phone conversation with your office on December 1, 1998, I was told to include with my renewal fee of \$150.00 a letter explaining why this obligation had not been paid.

This is the first (1st) notice of any kind from your office this year. I take all mail that I receive from the State and Federal agencies within a week to my Accountant and we complete the forms, mail and pay any obligations. I do not understand why I never received any other notices before this notice. If you would review my prior years' records, the corporation has paid the annual renewal promptly upon receipt of the packet.

All obligations whether they are state of federal have always been paid promptly (Sales tax, Payroll taxes, State Unemployment). Please review my account and contact me at the above address of number about what can be done to correct this error?

Curtis Baxter

President

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