

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO6000098407

1. Corporation Name

AMALIA CARPENTRY CORP

2. Principal Office Address - No P.O. Box #

1561 NW 28 STREET

3. Mailing Office Address

1561 NW 28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

7. Name and Address of Current Registered Agent

Name

VICTOR CORNUZ

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

1995 CALAIS DR # 5

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33141

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

X

REGISTERED AGENT MUST SIGN

Date 10/07/2008

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
PRES	VICTOR CORNUZ	1995 CALAIS DR # 5	MIAMI BEACH, FL 33141

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 contained in Chapter 119, 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.

VICTOR CORNUZ

SIGNATURE:

X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/2008

Date

786-2236769

Daytime Phone #

FILED

08 OCT 17 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

300137013023

10/17/08--01021--002 **300.00

CR2E081 (10/08)

4. Date Incorporated or Qualified To Do Business in Florida

07-26/2006

5. FEI Number

03-0601244

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.