

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 JUL 10 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-95000092877

1. Corporation Name

TRI-COUNTY Millwork, Inc.

2. Principal Office Address

P.O. Box 161908

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33116

Country

USA

3. Mailing Office Address

P.O. Box 161908

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33116

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/04/95

5. FEI Number

65-0639363

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Hillencamp Jr, James F.

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

11980 SW 94TH ST.

Suite, Apt. #, Etc.

500021449755

07/10/03-01012-009 **308 75

City

MIAMI

State

FL

Zip Code

33186

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

James Hillencamp Jr
REGISTERED AGENT MUST SIGN

Date 07/02/03

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
<u>D</u>	<u>Hillencamp Jr, James</u>	<u>11980 SW. 94TH ST.</u>	<u>MIAMI, FL. 33186</u>

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 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:

James Hillencamp Jr / James Hillencamp Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/02/03

Date

305-389-9445

Daytime Phone #

CR2E081 (9/00)