

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000061352**

1. Corporation Name

SPECIALTY WOODWORK, INC.

Principal Place of Business

Mailing Address

5405 NW 102ND AVE
SUITE 207
SUNRISE FL 33351
US

5405 NW 102ND AVE
SUITE 207
SUNRISE FL 33351
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1996

5. FEI Number

65-0685217

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BENEVIDES, EDMUND	4129 NW 88 AVE APT 207	CORAL SPRINGS FL 33065

200031562602
03/31/04--01048--008 **150.00

200031562602
11/05/04--01048--025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENEVIDES, EDMUND
4129 NW 88 AVE APT 207
CORAL SPRINGS FL 33065

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/11/04

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:

Edmund Benevides

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/11/04

Daytime Phone #

954-572-4404

04 NOV - 5 PM 2:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

APPROVED
AND
FILED

REINSTATEMENT

B-4

CR2E040 (7/03)

PS 272

January 20th, 2004

Specialty Woodwork, Inc
5405 NW 102nd Ave Suite 207
Sunrise, FL 33351

Fed ID #65-0685217

Florida Department of State

I did not receive the original application for annual fees.

My address has remained the same and if I had received a bill, I would have paid it in a timely manner.

Please accept my enclosed check for \$150.00

Thank you,

Edmund Benevides
Specialty Woodwork Inc.
