

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 30 PM 12:06

**DOCUMENT #** 632681

**1. Corporation Name**

Ideal Custom Work, Inc.

**2. Principal Office Address**

9442 NW 109th Street

Suite, Apt. #, etc.

City & State

Medley, Florida

Zip

33178

Country

Dade

**3. Mailing Office Address**

9442 NW 109th Street

Suite, Apt. #, etc.

City & State

Medley, Florida

Zip

33178

Country

Dade

**REINSTATEMENT**

99-00

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

Aug. 14, 1979

**5. FEI Number**

59-1927331

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Francisco Cartaya

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

13221 SW 17th Court

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

400003467774-6

-11/16/00--01051--019

\*\*\*\*908.75 \*\*\*\*908.75

**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

REGISTERED AGENT MUST SIGN

Date 10/25/00

**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
/P/V/T	Hugo A. Calvo	6830 SW 130th Avenue	Ft. Lauderdale, FL 33330
/S	Carlos Calvo	4500 West 19th Ct. #136	Hialeah, Florida 33012

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00

Date

(305) 889-2030

Daytime Phone #

CR2E081 (9/99)