

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F05000000092

1. Corporation Name

**Emmatt Woodworking, Inc**

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

**2247 Shadow Wood Ln**

3. Mailing Office Address

**245 Canal Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sarasota. FL**

City & State

**New York, NY**

Zip

**34240**

Country

Zip

**10013**

Country

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

Name

**Timothy Devlin**

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

**2247 Shadow Wood Ln**

Suite, Apt. #, Etc.

City

**Sarasota.**

State

**FL**

Zip Code

**34240**

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 **10/12/2007**

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
PSVT	Timothy Devlin	245 Canal Street	New York. NY 10013
CD	Timothy Devlin	245 Canal Street	New York. NY 10013

500111015785  
10/19/07--01055--015 \*\*900.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Timothy Devlin**

**10/12/2007**

Date

**212 274 1512**

Daytime Phone #

**FILED**

**2007 OCT 19 AM 8:48**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
**134186443**

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.

06-07

10/23/07

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Emmatt Woodworking, Inc
2. The principal office address: 6205 31st Street East  
Bradenton. FL. 34203
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: August 20th 2001 Document number: F05000000092
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Timothy Devlin

2247 Shadow Wood Ln

Sarasota. FL 34240

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Timothy Devlin

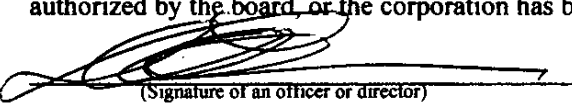
6205 31st Street East

(P.O. Box NOT acceptable)

Bradenton. FL. 34203

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Timothy Devlin. PSVT

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

10/12/2007

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)