

2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 11 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F55397

1. Corporation Name

MASTRO CUSTOM WOODWORK, INC.

2. Principal Office Address

3810 S.W. 30TH AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

Zip

33312

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/81

5. FEI Number

59-2269566

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

FELICE PARISI

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

3810 S.W. 30TH AVE.

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

800051258958

04/19/05 01088 013 **308 75

800051258958

04/19/05 01088 014 **100 00

State Zip Code
FL 33315

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

Date

3/5/05

REGISTERED AGENT MUST SIGN

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	PAOLINO PARISI	5605 N. OCEAN DRIVE	HOLLYWOOD, FL 33019
VP	FELICE PARISI	5611 N. OCEAN DRIVE	HOLLYWOOD, FL 33019

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

3/5/05

Date

954.522

Daytime Phone #

6293

CR2E081 (01/05)