PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

2005

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -6 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07388

REINSTATEMENT 94-05

1. Corporation Name

SAN JOSE CUSTOM WOODWORKING, INC

2. Principal Office Address	**3.** Mailing Office Address
7790 West 2 Ct	6465 West 8 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Hialeah, Fl 33014	
City & State	City & State
	Hialeah, Fl
Zip / Country	Zip: 33012 / Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 59-2460635 — 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: Gabriel Brizuela

300051350063
04/20/05--01011--004 **150.00

Street Address (P.O. Box Number is Not Acceptable): 6465 West 8 Ave

300051350063
04/20/05--01011--005 **25.75

Suite, Apt. #, Etc.

City: Hialeah, Fl 33012 — State: FL — Zip Code: 33012

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 X _____ Date 2/12/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	Gabriel Brizuela	6465 West 8 Ave	Hialeah, Fl 33012
STD	Beatriz Brizuela	6465 West 8 Ave	Hialeah, Fl 33012
		300051350063 04/20/05--01011--006	**1000.00
		300051350063 04/20/05--01011--007	**1000.00

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 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: Beatriz Brizuela — 2/13/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert Roberts APR 12 2005