

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000023363

1. Corporation Name

FABRY FINISH CARPENTRY, INC.

2. Principal Office Address

3723 LIBERTY SQUARE

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33908

Country

LEE

3. Mailing Office Address

3723 Liberty Square

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33908

Country

Lee

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/2000

5. FEI Number

65-0984841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

FILED  
03 NOV 14 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000024723140  
11/14/03--01079--023 \*\*158.75

7. Name and Address of Current Registered Agent

Name

Todd R. Fabry

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

3723 Liberty Square

Suite, Apt. #, Etc.

City

Fort Myers

State  
FL

Zip Code  
33908

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

11/1/03

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.	Todd R. Fabry	3723 Liberty Square	Fort Myers, FL 33908
VP	Brenda M. Fabry	3723 Liberty Square	Fort Myers, FL 33908

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

11/1/03

Date

239-437-3137

Daytime Phone #

CR2E081 (10/02)

**Mario E. Juarez, CPA**  
2709 Swamp Cabbage Court Ste. #204  
Fort Myers, FL 33901  
Tel. 239-938-0065  
Fax 239-936-7820  
Email [mrnjtax@msn.com](mailto:mrnjtax@msn.com)

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November 6, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Officer:


*This letter is to Certify that I am the accountant for Fabry Finish Carpentry, Inc. As my conversation over the telephone with one of the Division of Corporations Officer, in regard of the Admin Dissolution of my client Corporation due to failed to file the Annual 2003 Uniform Business Report.*

*This letter is to state that we didn't received the annual renew form for the year 2003, due to relocated the business mailing address twice from November 2002 to March of 2003. Please make note of the new Principal Office and mailing address as stated in the Corporation Reinstatement form.*

*Enclosed you will find a check for the amount of \$158.75 to cover the fees of reinstatement of the Corporation and certificate of status.*

*I appreciate your cooperation at this matter, If you need additional Information, please feel to contact me at the above telephone numbers.*

Sincerely Yours,

  
Mario E. Juarez, CPA  
Lic. 012529