

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 29 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000048991

1. Corporation Name

OLD WORLD CARPENTRY, INC.
1325 S. E. 17th Street
Suite Number 244
Fort Lauderdale, Florida 33316

400007538104--2

-09/05/02--01029--015

****308.75 ****308.75

2. Principal Office Address

1326 S. E. 17th Street

3. Mailing Office Address

123 North Congress Ave

Suite, Apt. #, etc.

Suite Number 244

Suite, Apt. #, etc.

Suite Number 304

City & State

Fort Lauderdale, FL

City & State

Boynton Beach, FL

Zip

33316

Country

USA

Zip

33426

Country

USA

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

5/15/2000

5. FEI Number

65-1007628

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

DAVID M. GAYNES, ESQ.

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

7153 Catania Drive

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

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

David M. Gaynes

Date 8/26/2002

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	NICHOLAS A. PICCIRILLO	1325 SE 17th St. #244	Fort Lauderdale, FL 33316
VP/T	DENNIS LANGE	1326 S.E. 17th Street #244	Fort Lauderdale, FL 33316

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.

NICHOLAS A. PICCIRILLO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/2002 (954) 818-5569

Date

Daytime Phone #