

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -8 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000 48991**

1. Corporation Name

Old World Carpentry, Inc

2. Principal Office Address

1326 SE 17th Street

Suite, Apt. #, etc.

244

City & State

Fort Lauderdale FL

Zip

33316

Country

3. Mailing Office Address

1326 SE 17th Street

Suite, Apt. #, etc.

244

City & State

Fort Lauderdale FL

Zip

33316

Country

U.S.A.

REINSTATEMENT 03-04

500030025945
03/08/04--01050-019 **300.00

NOP

4. Date Incorporated or Qualified
To Do Business in Florida

5/15/00

5. FEI Number **651 007628**

☒ 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

Dennis Lange

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

1326 SE 17th Street

Suite, Apt. #, Etc.

244

City

Fort Lauderdale

State

FL

Zip Code

33316

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 **2/26/04**

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
P	Nickolas Piccirillo	1461 SW 29 th St.	Fort Lauderdale FL 33315
U-P	Dennis Lange	1326 SE 17 th St	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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Lange

2/26/04

Date

954-818-4383

Daytime Phone #

CR2E081 (01/04)