


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

05 JAN -3 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056287

1. Corporation Name

SUAREZ CARPENTRY INC.

REINSTATEMENT 04

2. Principal Office Address

6130 W. 21st

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Apt 504

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

33016

Country

Dade

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/12/2000

5. FEI Number

65-1066733

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

12/22/04 01061 p2p \$750.00

7. Name and Address of Current Registered Agent

Name

Roberto Suarez

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

6130 West 21st

Suite, Apt. #, Etc.

apt 504

City

Hialeah

State  
FL

Zip Code

33016

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/17/04

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
<u>Pres.</u>	<u>Roberto Suarez</u>	<u>6130 W. 21st #504</u>	<u>Hialeah, FL 33016</u>

300043801323

01/03/05--01029--020 \*\*300.00

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(786) 702-9358

Daytime Phone #

CR2001 (01/04)