

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV 13 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000058905

1. Corporation Name

SOSA CARPENTRY INC.

2. Principal Office Address

4882 SW 140th AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33175

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SA ME

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business In Florida

06/20/00

5. FEI Number

65-1019545

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

EIDYS SOSA

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

4882 SW 140th AVE

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33175

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

11-11-02

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
D	EIDYS SOSA	4882 SW 140 th AVE	MIAMI, FL. 33175

700008961457

11/13/02--01009--010 **750.00

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:

EIDYS SOSA

11-11-02

(205) 480-0301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #