

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 10 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000015558120

04/09/03--01081--009 **450.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000071255

1. Corporation Name

J's Wood Sales + Services, Inc.

2. Principal Office Address

1100 SE 5TH COURT

Suite, Apt. #, etc.

#91

City & State

Pompano Beach, FL

Zip

33066

Country

USA

3. Mailing Office Address

1100 SE 5TH COURT

Suite, Apt. #, etc.

#91

City & State

Pompano Beach, FL

Zip

33066

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/00

5. FEI Number

65-1029397

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Jean Alvarez

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

1100 SE 5TH COURT

Suite, Apt. #, Etc.

#91

City

Pompano Beach

State

FL

Zip Code

33066

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

Jean Alvarez

REGISTERED AGENT MUST SIGN

Date 4-5-03

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.D.	Jean Alvarez	1100 SE 5 TH COURT #91	Pompano Beach, FL 33066

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:

Jean Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-03

Date

954-753-3501

Daytime Phone #

CR2081 (10/02)

2/4/10

April 3, 2003

Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

J's Wood Sales & Services, Inc.
1100 SE 5th Court #91
Pompano Beach, Florida 33066

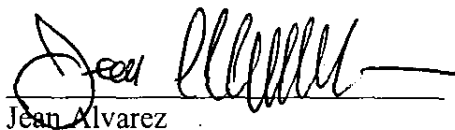
RE: Corporate Reinstatement DOC# P00000071255

Division Of Corporations,

On Thursday, April 3, 2003, my accountant called your office at 1-850-488-9000 and spoke with Ms. Michelle Mulligan. Ms. Mulligan was very helpful and told my accountant that my reinstatement fee would be \$450.00 and that would make my Corporation current thru 2003. Ms. Mulligan stated that both reports for 2001 were returned to your offices and this was noted in my account information and there for the fee was waived. Ms. Mulligan told my accountant to attach this letter and send it along with my reinstatement form.

I would like to thank Ms. Mulligan and your office for being so helpful with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jean Alvarez", is written over a horizontal line.

Jean Alvarez
J's Wood Sales & Services, Inc.
