

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP -8 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000 95104**

1. Corporation Name

Signature Woodworking Inc.

2. Principal Office Address

4241 W. McNab

Suite, Apt. #, etc.

Apt 19

City & State

Pompano Beach, FL

Zip

33069

Country

3. Mailing Office Address

2213 E. Atlantic Blvd

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33062

Country

4. Date Incorporated or Qualified

To Do Business in Florida

10-09-2000

5. FEI Number

65-1045984

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Michael Kerlew

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

2213 E Atlantic Blvd

Suite, Apt. #, Etc.

City

Pompano Beach, FL

State

FL

Zip Code

33062

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]

Date

9/4/03

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.D.	William M Turan	4241 W McNab Apt 19, Pompano Beach, FL	Pompano Beach, FL 33069

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

9/4/03

Date

Daytime Phone #

CR2E081 (10/02)

7/9/03