

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 12 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 00000098874

1. Corporation Name

Ouro Custom Woodwork Inc
8269 Cedar Hollow Lane
Boca Raton, FL 33433

2. Principal Office Address

P.O. Box 4423

3. Mailing Office Address

P.O. Box 4423

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

Deerfield Beach, FL

Zip

33442

Country

Broward

Zip

33442

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1053679

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

Mike Ouro

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

8269 Cedar Hollow Lane

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

Michael New

Date

4-11-02

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
Pres	Mike Ouro	8269 Cedar Hollow Lane	Boca Raton, FL 33433

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:

Michael New

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-11-02

Daytime Phone #

CR2E081 (9/01)

OURO CUSTOM WOODWORK, INC
8269 CEDAR HOLLOW LANE
BOCA RATON, FLORIDA 33433

2002
ph# 561 239 7269
office 954 428 0735

APRIL 11, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

RE: OURO CUSTOM WOODWORK, INC. #P00000098874

GENTLEMEN:

WE MOVED MY OFFICE LAST YEAR, AND FOR SOME REASON MY UNIFORM
BUSINESS REPORT NEVER GOT TO ME.

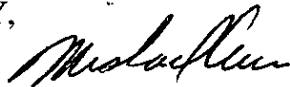
I ONLY FOUND OUT YESTERDAY, THAT MY COMPANY WAS TERMINATED.

ENCLOSED ARE TWO CHECKS, ONE FOR \$300.00 TO PAY FOR MY 2001 & 2002
CORPORATION, AND THE OTHER CHECK FOR \$8.75 FOR A CERTIFICATE.

WOULD YOU BE KIND ENOUGH TO WAVE ALL THE PENALTY CHARGES, AND
REINSTATE MY CORPORATION AS SOON AS POSSIBLE.

THANK YOU IN ADVANCE FOR YOUR KIND CONSIDERATION.

SINCERELY,



MIKE OURO
PRESIDENT
OURO CUSTOM WOODWORK, INC.