

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000098874

1. Corporation Name
DURO Custom Woodwork, Inc.

REINSTATEMENT 03-04

900028782979
02/16/04--01019--009 **150.00

2. Principal Office Address

12 South West 9th Street

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

DEERFIELD BEACH, FL

City & State

SAME

Zip

33441

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/02

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

SERGIO MICHAEL DURO

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

1917 N.E. 3RD AVE. # 113

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

1/21/04

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
President	SERGIO MICHAEL DURO	1917 N.E. 3RD AVE. # 113	DEERFIELD BEACH, FL 33441

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/04

Daytime Phone #

984-428-0735

CR2E081 (10/02)

OURO CUSTOM WOODWORK, INC.

DECEMBER 29, 2003

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

RE: ~~OURO CUSTOM WOODWORK, INC.~~
12 S.W. 9th St.
Deerfield Beach, Fl 33441
Corporation Registration # G02134900044

To whom it may concern,

I have only just discovered that my corporation is inactive.

My secretary informs me that we never received our corporate papers. It is possible that you have an incorrect address. THE ADDRESS LISTED ABOVE IS CORRECT.

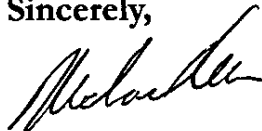
Please find the enclosed check # 3966 for \$ 150.00 to reinstate my corporation.

I humbly request that any penalty charges be waived as I was completely unaware of the situation.

Please be kind enough to reinstate my corporation as soon as possible.

Thank you in advance for your help in this matter.

Sincerely,



Michael Ouro
President

12 S.W. 9TH STREET • DEERFIELD BEACH, • FLORIDA 33441
PH: 954-428-0735 • M: 561-239-7269 • FAX: 954-427-0391