PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**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

REINSTATEMENT 03-04

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

900028782979
02/16/04--01019--008 **150.00

1. Corporation Name
DURO Custom Woodwork, Inc.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 12 South West 9th Street | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | SAME |
| City & State | City & State |
| Deerfield Beach, FL. | SAME |
| Zip / Country | Zip / Country |
| 33441 / USA | Same / 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 _____ Date 1/21/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 |
|---|---|---|---|
| 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: _____ 1/21/04 954-428-0735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# 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