

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 13 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007235

1. Corporation Name

J.T.S. Woodworking, INC.

2. Principal Office Address

75 N.W. 18th Ave

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33444

Country

U.S.

3. Mailing Office Address

JAMU

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-09

4. Date Incorporated or Qualified
To Do Business in Florida

1-18-01

5. FEI Number

65-1071773

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

MARK Feehan

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

18 Eleuthera Drive

Suite, Apt. #, Etc.

City

Ocean Ridge

FL

State

FL

Zip Code

33435

800040368208

08/20/04--01070--006 **308.75

800040368208

09/17/04--01063--010 **900.00

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 8-31-04

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 |
|--------|--------------------------------------|---|---------------------|
| Pres. | MARK Feehan | 75 NW 18 th Ave | Delray Bch FL 33444 |
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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

8-6-04

Date

561-272-7996

Daytime Phone #

CR25081 (01/04)