

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 NOV 27 11 06:57

DOCUMENT # P01000008201

1. Corporation Name

Saint Michael's Woodworks, Inc.

2. Principal Office Address

1655 Donna Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

2207 Prairie Rd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL.

City & State

West Palm Beach, FL.

Zip

33409

Country

United States

Zip

33406

Country

United States

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

01/22/2001

5. FEI Number

65-1079176

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

Ricardo Vidaurre

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

2207 Prairie Rd.

Suite, Apt. #, Etc.

City

West Palm beach,

State

FL

Zip Code

33406

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

*Ricardo Vidaurre*

REGISTERED AGENT MUST SIGN

Date 11-21-2006

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	Ricardo Vidaurre	2207 Prairie Rd.	West Palm Beach, FL. 33406

511032033333  
11/21/06--01045--004. \*\*450.00

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 contained in Chapter 119, 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: *Ricardo Vidaurre* 11-21-2006 561688-3855-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2052

November 21, 2006


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

Re: St. Michael's Woodworks, Inc.  
P01000008201  
Reinstatement

To Whom It May Concern:

Enclosed find check for \$450.00 to pay for the 2004, 2005 & 2006 Annual Reports. I never received the original notice and I did not know the Corporation had been dissolved. Please review my new address on Corporate Reinstatement Form.

Sincerely,

  
Ricardo Vidaurre