

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 20 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



**DOCUMENT-# P01000009448**

1. Entity Name  
**SUPERIOR WOOD FINISHING INC.**



Principal Place of Business  
**5811 S.W. 21ST STREET  
HOLLYWOOD, FL 33023**

Mailing Address  
**5811 S.W. 21ST STREET  
HOLLYWOOD, FL 33023**

2. Principal Place of Business  
**5746 DAWSON ST.**

3. Mailing Address  
**5746 DAWSON ST.**

Suite, Apt. #, etc.  
**H**

City & State  
**HOLLYWOOD FL.**

City & State  
**HOLLYWOOD, FL.**

Zip Country  
**33023 U.S.A.**

Zip Country  
**33023 U.S.A.**

10302004 REIN-P CR2E098 (6/04)

4. FEI Number  
**65-1072728**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUCACIU, CALIN**  
**5811 S.W. 21ST STREET**  
**HOLLYWOOD, FL 33023**

7. Name and Address of New Registered Agent

Name  
**LUCACIU CALIN**

Street Address (P.O. Box Number is Not Acceptable)  
**5746 DAWSON ST.**

City  
**HOLLYWOOD**

Zip Code  
**FL 33023**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Calin R. Lucaciu* DATE *OCT. 31, 2004*

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUCACIU, CALIN</b> <b>4714 BANYAN LANE</b> <b>TAMARAC, FL 33319</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUCACIU, PAVEL</b> <b>1400 SCOTT STREET</b> <b>HOLLYWOOD, FL 33020</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300043537903</b> <b>12/20/04--01071--001</b> <b>**158.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Calin R. Lucaciu* / *Calin R. Lucaciu* DATE: *10-31-04* DAYTIME PHONE: *9543834340*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR