

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 17 AM 8:21
JUDICIAL CLERK
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004247

1. Corporation Name

12417

On Time Finish Carpentry, Inc.

2. Principal Office Address

2224 Hoffner Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2224 Hoffner Ave

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32809

Country

USA

Zip

32809

Country

USA

REINSTATEMENT
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/01

5. EEL Number

593701317

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

Jose Rodriquez

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

2224 HOFFNER AVE

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32809

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

Jose F. Rodriguez
REGISTERED AGENT MUST SIGN

Date 3/15/06

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	Jose Rodriquez	2224 HOFFNER AVE	ORLANDO, FL 32809

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:

Jose F. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 863-557-3634

Date

Daytime Phone #

B. Mitchell MAR 23 2006