

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -4 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021834

1. Corporation Name

ZAPATA CARPENTER-TRIM, INC.

Principal Place of Business

2817-22ND ST.  
SARASOTA FL 34234

Mailing Address

2817-22ND ST.  
SARASOTA FL 34234

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2617 22ND ST

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SARASOTA FL

City & State

Zip 34234 Country U.S.A.

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/01/2001

5. FEI Number

65-1089493

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	FERNANDO ZAPATA RAMIREZ	2617 22ND ST SARASOTA FL 34234	SARASOTA, FL 34234
SECR.	RUTH RUBY RETA	2617 22ND ST	SARASOTA, FL 34234
DIR	ENRIQUE ZAPATA	2617 22ND ST	SARASOTA, FL 34234

8. Name and Address of Current Registered Agent

RAMIREZ, FERNANDO Z  
2817 22ND ST  
SARASOTA FL 34234

2617 22ND ST  
SARASOTA, FL  
34234

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CPRE040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Fernando Ramirez* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-30-02

11. 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:

*Fernando Ramirez* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-02 941-951-0919

ZAPATA CARPENTER TRIM, INC.  
2617 22<sup>ND</sup> STREET  
SARASOTA FL 34234  
TELEPHONE 941-951-0919

FROM ZAPATA CARPENTER TRIM, INC.  
CORPORATION REGISTRATION NUMBER:  
P01000021834

TO : FLORIDA DEPARTMENTY OF STATE  
DIVISION OF CORPORATIONS

MATTER: YOUR NOTICE OF ADMNSTRATIVE DISSOLUTION OR REVOCATION, OF THE  
CORPORATION ZAPATA CAPENTER TRIM, INC REGISTERED UNDER NUMBER P01000021834.  
FROM APRIL 01, 2001.

DEAR SECRETARY OF STATE:

AS FOR OUR TELEPHONE CONVERSATION, WE ARE SENDING TO YOU THE APPLICATION  
FOR REINSTATEMENT OF THE CORPORATION ABOVE INDICATED.

AS EXPLAIN TO YOUI, WE NEVER RECEIVE ANY COMMUNICATION FROM YOUR OFFICES  
REGATRDRING TO FILL ANY DOCUMENT WITH YOU.

YOU SHOW A COMPLETE UNDERSTANDING ABOUT OUR SITUATION AND YOU REQUIRED  
FROM US, BOTH:

AN EXPLANATORY LETTER AND

THE REQUIRED FORM REINSTATEMENT WITH A CHECK FOR \$ 150.00.

THE ONLY JUSTIFICATION FOR THIS SITUATION, MAYBE IS BECAUSE YOU HAVE A WRONG  
DIRECTION IN THE NOTE SENT T US:

WRIGHT ADDRESS:

2617 22<sup>ND</sup> STREET, SARSOTA, FL 34234.

FERNANDO ZAPATA, PRESIDENT



RUTH RUBY RETA  
SECRETARY-TREASURY

**Zapata Carpenter Trim, Inc.**  
2617 22nd Street  
Sarasota, FL 34234