

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 27 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000089794**

1. Corporation Name

MOBILE WOODCRAFT INC.

2. Principal Office Address

2545 E SUNRISE BLVD

Suite, Apt. #, etc.

128

City & State

FT LAUDERDALE FL

Zip

33304

Country

USA

3. Mailing Office Address

2545 E SUNRISE BLVD

Suite, Apt. #, etc.

128

City & State

FORT LAUDERDALE FL

Zip

33304

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1142943

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

MARIO PAGEAU

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

2545 E SUNRISE BLVD #128

Suite, Apt. #, Etc.

128

City

FT LAUDERDALE

State

FL

Zip Code

33304

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 **12/22/04**

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
P	MARIO PAGEAU	2545 E SUNRISE BLVD #128 FT LAUDERDALE FL 33304	FT LAUDERDALE FL - 33304

600044675636

01/19/05--01013--015 **300.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/22/04 954-673-1697

CR2E081 (01/04)

202

November 16 2004

Division of Corporation
Restatement Division
PO Box 6327
Tallahassee, FL 32314

RE: MOBILS WOODCRAFT
P01000089794

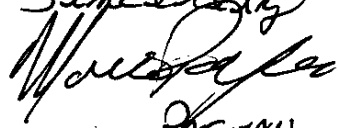
Since, I Moved from 724 N.E. 6th ST #2 HALLANDALE FL 33009
SO NOW MY MAILING address is:

2545 E SUNAISE BLVD SUITE 128
FORT LAUDERDALE FL 33304

I never received The annual report and
consequently never Paid The annual due.

So I want To Keep my corporation Open AND
I'm including a check of \$ 300.00 for
2003 AND 2004 years.

if you're not agreeable please return me
everything

Sincerely

MARIO PAGANO
PRESIDENT