

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -9 AM 9:25'

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094990

1. Corporation Name

QUALITY FINISH CARPENTRY, INC

REINSTATEMENT 02-04

2. Principal Office Address

3301 W 14 LANE

Suite, Apt. #, etc.

City & State

HiALEAH

Zip

33012

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

500028401355
02/09/04--01022--026 **458.75

4. Date Incorporated or Qualified
To Do Business in Florida

9-28-01

5. FEI Number

65-1141388

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

EDDIE ARRACETA

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

3301 W 14 LANE

Suite, Apt. #, Etc.

City

HiALEAH

State

FL

Zip Code

33012

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

Date

REGISTERED AGENT MUST SIGN

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
PD	EDDIE ARRACETA	3301 W 14 LANE	HiALEAH, FL 33012

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:

Eddie Arraceta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-04

Date

Daytime Phone #

FELIPE R. RUIZ

CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED FAMILY MEDIATOR
8390 W. FLAGLER STREET, SUITE 219
MIAMI, FL. 33144
TEL. (305) 552-9048
FAX. (305) 559-4094
E-MAIL: FRUIZCPA@AOL.COM

January 30, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: Quality Finish Carpentry, Inc.
Document number P01000094990

Enclosed is the above referenced taxpayer's Corporation Reinstatement Form. Please note, our firm is in the process of updating the company's accounting record and discovered that the corporation has been dissolved.

The corporation has moved the offices from 1480 West 4th Court to 3301 W. 14 Lane, Hialeah, FL. 33012 as reflected on the enclosed reinstatement form. Because of this reason the taxpayer never received their original annual report.

It was not the taxpayer's intention to file late; therefore, we respectfully request that you accept the \$ 450.00 filling fee. \$150 per year for years 2002, 2003 and 2004 and waive all late payment penalties and reinstatement fee.

If you have any questions regarding this matter feel free to contact me.

Sincerely,



Felipe R. Ruiz