

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 14 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P01000097489

1. Corporation Name

FRENCH WOODWORK, INC.

Principal Place of Business

Mailing Address

6666 S.W. 96TH ST.  
MIAMI FL 33156

6666 S.W. 96TH ST.  
MIAMI FL 33156

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/04/2001

5. FEI Number

65-1142498

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LENTINI, ANDRE	6666 S.W. 96TH ST.	MIAMI FL 33156

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOYAL, PATRICK R  
208 N. UNIVERSITY DR.  
PEMBROKE PINES FL 33024

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2040 (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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/06/02

**FRENCH  
WOODWORK**  
FINE CABINETERY & MILLWORK

6818 SW 81 st street  
Miami, Florida, 33143

Division of Corporations  
Annual report/Reinstatement section  
Po box 6327  
Tallahassee, FL 32314-6327

Miami, November 6 2002

To Whom it may concern :

I received your notice of administrative dissolution. As I told the agent I spoke today with, I send our payment on March 20 2002. I was surprised when the lady told me that you received it on July 10 2002 ! As you can see on the copy of my checks record, the number of the check does not correspond to my July checks...

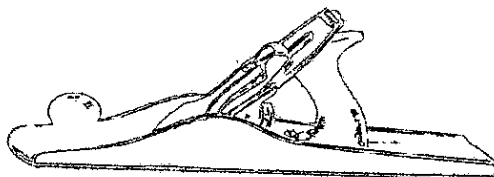
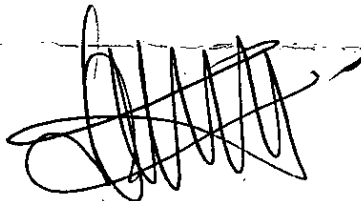
I don't know what happened but I did send the paiement on March the twentieth.

If you could consider to cancel this action I really would appreciate it, because I sent the payment on time.

Thank you very much for your comprehension.

Best regards

Andre Lentini



Tel shop: (+1)305-663-0233  
Fax: (+1)305-663-2328  
E-mail: frenchwoodwork@hotmail.com