

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -9 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000107729

1. Corporation Name

RM WOODWORK, CORP

2. Principal Office Address

18955 NE 4TH COURT

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33179

Country

DADE

3. Mailing Office Address

18955 NE 4TH COURT

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33179

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

10-08-01

5. FEI Number

65-1150117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

11-26-02 01003 005 \$158.75

7. Name and Address of Current Registered Agent

Name

RAFAEL MERCEDES

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

18955 NE 4TH COURT

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33179

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

Rafael Mercedes
REGISTERED AGENT MUST SIGN

Date 12/6/02

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	RAFAEL MERCEDES	18955 NE 4TH COURT	MIAMI, FLORIDA 33179

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:

Rafael Mercedes / RAFAEL MERCEDES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/02

Date

305-968-8188

Daytime Phone #

CR2E081 (9/01)

Dear Representative: 12/6/02
Resubmitted form
again due to not
Signing the Registered
Agent (section #8).

I have overnight it
as I we spoke this Friday
morning (Dec 6th).

Thank you,

I can be reached @ 305-504-
2858!