

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 OCT 17 '02 AH 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000115299**

1. Corporation Name

**Cantera Doors - Florida, Inc.**

2. Principal Office Address

**25241 Bernwood Dr.**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

**STE. 8**

Suite, Apt. #, etc.

City & State

**Bonita Springs, FL.**

City & State

Zip

**34135**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/5/01**

5. FEI Number

**74-3024436**

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

**Mauricio Trevino**

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

**25241 Bernwood Dr.**

Suite, Apt. #, Etc.

**STE 8**

City

**Bonita Springs**

State

**FL**

Zip Code

**34135**

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

REGISTERED AGENT MUST SIGN

Date

**10/9/02**

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
Pres	<b>Mauricio Trevino</b>	<b>25241 Bernwood Dr #8</b>	<b>Bonita Springs, FL 34135</b>
Treasurer	<b>Laura Trevino</b>	<b>SAME</b>	<b>SAME</b>
Sec.	<b>Amy Murphy</b>	<b>SAME</b>	<b>SAME</b>

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

**10/9/02 (52)263-8881**

Daytime Phone #

CR2E081 (9/01)

Cantera Doors Florida, Inc.  
25241 Bernwood Drive, Suite 8  
Bonita Springs, FL 34135  
(239) 390-1856  
(239) 947-3207 Fax

October 10, 2002

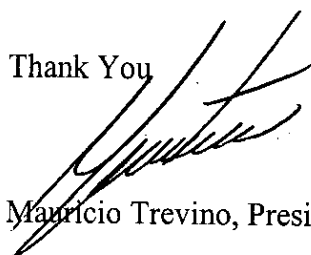
Department of State  
Division of Corporations  
P.O. 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a completed Corporation Reinstatement form and a copy of the Uniform Business Report filed on April 28<sup>th</sup>, 2002. The Uniform Business Report was filed along with a payment of \$150.00, which was cashed. In late September we checked on the status of the Corporation, and learned that the Corporation was not in good standing.

We respectfully request waiver of the reinstatement fee, as we were never informed of a problem with our initial filing of the Uniform Business Report. Should you need additional information please contact us.

Thank You



Mauricio Trevino, President