

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 AUG -4 PM 2:41

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DOCUMENT # P01000118606

1. Corporation Name

Guzman Carpentry, Inc.

2. Principal Office Address

801 20th St. East

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip  
34208

Country  
USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/2001

5. FEI Number

01-0552931

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

Daniel L Prewett

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

5777 Beneva Road

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34233

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

*Dan Prewett*

Date 07/31/06

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
D	Maria Guzman	801 20th St. East	Bradenton, FL 34208
D	Alex Martinez	801 20th St. East	Bradenton, FL 34208
D	Martin Anguiano	801 20th St. East	Bradenton FL 34208
D	Hector Gutierrez	801 20th St. East	Bradenton FL 34208

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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 contained in Chapter 119, 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

7-31-06

Daytime Phone #

B. Mitchell AUG 9 2006