

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

04 APR -7 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000003768**

**1. Corporation Name**

Mobil Carpentry, Inc.  
6485 W. 24 Ave., #307  
Hialeah, FL 33016

000032107390  
04/07/04--01059--003 \*\*150.00

**REINSTATEMENT** 03-04

**2. Principal Office Address**

6485 W. 24 Ave.

**3. Mailing Office Address**

6485 W. 24 Ave.

Suite, Apt. #, etc.  
307

Suite, Apt. #, etc.  
307

City & State  
Hialeah, FL

City & State  
Hialeah, FL

Zip  
33016

Country  
USA

Zip  
33016

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida Jan-11-2002**

**5. FEI Number**  
90-0002828

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

Thomas Quintero

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

6485 W. 24 Ave., #307

Suite, Apt. #, Etc.

307

City

Hialeah

State  
FL

Zip Code  
33016

000032107390  
04/07/04--01059--003 \*\*150.00

**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 Mar-17-2004

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
P	Thomas Quintero	6485 W. 24 Ave. #307	Hialeah, FL 33016

**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:**

Thomas Quintero

Mar-17-2004 786-621-5175

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2601 (1002)

SECRETARIAL SERVICE, INC.

P. O. Box 831417, Miami, FL 33283  
8500 S. W. 8<sup>th</sup> Street, Suite 266  
Miami, FL 33144  
e-mail [jjime02154@aol.com](mailto:jjime02154@aol.com)  
Tel 786-621-5175  
Fax: 786-621-5176

March 17, 2004

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

RE: Mobil Carpentry, Inc./Corporation Reinstatement

Gentlemen:

Please find enclosed application for reinstatement for the above referenced corporation along with check No 1254 in the amount of \$150.00 to cover for the balance of reinstatement.

I am also enclosing the original signed application for reinstatement signed on December 30, 2003 as per information given by phone by your corporation division which we found out that the reinstatement did not take place because the application was not an original along with copy of the cancelled check for the reinstatement fees at that time.

Please let me know if there is anything Mobil Carpentry, Inc must do to know if the corporation has now been active.

Thank you for your kind attention and cooperation.

Sincerely,

SECRETARIAL SERVICE, INC.

  
Josefina Jimenez  
President

JJ/ip  
Encs.