

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000020960**

1. Corporation Name

S.M.E FRAMING, INC

2. Principal Office Address

19730 S.W. 119 Ave

Suite, Apt. #, etc.

City & State

MIAMI, Florida

Zip

33177

Country

U.S.A.

3. Mailing Office Address

19730 S.W. 119 Ave

Suite, Apt. #, etc.

City & State

MIAMI, Florida

Zip

33177

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

February 25, 2002

5. FEI Number

02-0551375

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

Eligio GARCIA

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

19730 S.W. 119 Ave.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

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

Eligio Garcia
REGISTERED AGENT MUST SIGN

Date

11-19-03

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.	Eligio GARCIA	19730 S.W. 119 Ave	MIAMI, FL 33177

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:

Eligio Garcia
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-03

Date

786-2428419

Daytime Phone #

CR2E081 (10/02)