

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 16 P 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/09)

DOCUMENT # P02000042960

1. Corporation Name

J & S CUSTOM FURNITURE & WOODWORK, INC.

2. Principal Office Address - No P.O. Box #
4028 NW 32ND AVENUE

Suite, Apt. #, etc

N/A

City & State

MIAMI, FL

Zip

33142

Country

USA

3. Mailing Office Address

4028 NW 32ND AVENUE

Suite, Apt. #, etc

N/A

City & State

MIAMI, FL

Zip

33142

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/2002

5. FEI Number

04-3655223

☐ 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

RAUL SUTHERLAND

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

4028 NW 32ND AVENUE

Suite, Apt. #, Etc.

N/A

City

MIAMI

State

FL

Zip Code

33142

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 11/11/09

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	RAUL SUTHERLAND	15083 SW 19TH STREET	MIRAMAR, FL 33027

900162840869
11/16/09--01003--011 **300.00

REINSTATEMENT
08-09

10. E-mail Address: SanSutherland@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify 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:

11/11/09

305 231 0496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #