

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP 17 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000048980

1. Corporation Name

MEXWOOD, CORP.

2036 SW 81ST AVE

2036 SW 81ST AVE

2. Principal Office Address

2036 SW 81ST AVE

Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE, FL

Zip  
33068

Country

BROWARD

3. Mailing Office Address

2036 SW 81ST AVE

Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE, FL

Zip  
33068

Country

BROWARD

**REINSTATEMENT** 03-04

05/05/03 91877 048 150<sup>00</sup>  
06/15/04 01014 005 150<sup>00</sup>

4. Date Incorporated or Qualified

To Do Business in Florida 05-03-2002

5. FEI Number

33-1003411

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

ARGAEZ, GABRIEL

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

2036 SW 81ST AVE

Suite, Apt. #, Etc.

City

NORTH LAUDERDALE, FL

State

FL

Zip Code

33068

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 09-10-2004

**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	ARGAEZ, GABRIEL	2036 SW 81ST AVE	NORTH LAUDERDALE, FL 33068
VP	ARGAEZ, CHRISTIAN	2036 SW 81ST AVE	NORTH LAUDERDALE, FL 33068

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

09-10-2004

Date

954 629.3374

Daytime Phone #

2 of 2

MEXWOOD. CORP.  
2036 SW 81<sup>ST</sup> AVE  
NORTH LAUDERDALE FL 33068

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Friday, September 10, 2004

REINSTATEMENT SECTION  
Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

MEXWOOD. CORP.  
Document Number: P02000048980  
FEI NUMBER: 331003411

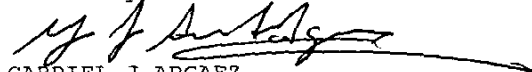
To Whom It May Concern:

Enclosed please find an Application For Reinstatement of the Corporation of MEXWOOD. CORP. We are requesting a waiver of the late fees due to not receiving the Correction Notice (mailed 5-22-2003) uniform business report (UBR).

Please file the enclosed Application For Reinstatement with the Department of State. A Certified Copy is necessary. Please find the check for \$8.75.

Thank you for your cooperation to this matter.

Sincerely



GABRIEL J ARGAEZ  
PRESIDENT