

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W 05 0000 108 60

FILED

05 MAR -7 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000 68358

1. Corporation Name

MARIOS'S CARPENTRY, INC.

2. Principal Office Address

15455 SW 74TH CIRCLE CT.

3. Mailing Office Address

Suite, Apt. #, etc.

1102

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33193

Country

USA

Zip

Country

REINSTATEMENT

05-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

01-0722989

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

GALINDO JUAN M

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

15455 SW 74TH CIRCLE CT

Suite, Apt. #, Etc.

1102

City

MIAMI

300048990993

03/23/05--01034--004 **750.10

300048990993

03/23/05--01034--005 **300.10

State

FL

Zip Code

33193

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

[Signature]

Date

3/1/05

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	GALINDO JUAN M	15455 SW 74TH CIRCLE CT. STE 1	MIAMI FL 33193

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/05

Daytime Phone #

CR2E081 (01/05)