

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000070293**

1. Corporation Name

F & R FINISH CARPENTRY, INC.

2. Principal Office Address - No P.O. Box #

2423 MADISON STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

3. Mailing Office Address

2423 MADISON STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

7. Name and Address of Current Registered Agent

Name

FELIX REAL

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

2423 MADISON STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

Felix Real

REGISTERED AGENT MUST SIGN

Date **01/15/2010**

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	FELIX REAL	2423 MADISON STREET	HOLLYWOOD, FL 33020

10. E-mail Address: **INTLEFINCORP@AOL.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: *Felix Real*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2010

954-533-6729

Date

Daytime Phone #

FILED

10 JAN 20 PM 3:11

CLERK OF STATE
ALLAHASSEE, FLORIDA

REINSTATEMENT

03-10 *dm* 1/20

4. Date Incorporated or Qualified To Do Business in Florida **06/24/2002**

5. FEI Number
470887032

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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.

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