

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 17 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000070341

1. Corporation Name

Quality Woodwork DESIGN, INC
W06 - 11778

2. Principal Office Address

1200 NW 51st WAY

Suite, Apt. #, etc.

3. Mailing Office Address

1200 NW 51st WAY

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

Zip

33442

Country

LISA

Zip

33442

Country

LISA

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2002

5. FEI Number

371434009

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

ALAIN, MARIE

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

Suite, Apt. #, Etc.

1200 NW 51st WAY

City

DEERFIELD BEACH

State

FL

Zip Code

33442

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

Marie Alain

REGISTERED AGENT MUST SIGN

Date 03/06/2006

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/D	ALAIN, MARIE	1200 NW 51 st WAY	DEERFIELD BEACH, FL 33442
V/D	BOISVERT, PIERRE	1200 NW 51 st WAY	DEERFIELD BEACH, FL 33442

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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 contained in Chapter 119, 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:

Marie Alain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/2006 (954) 234-0497

Date

Daytime Phone #