

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 30 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000074433**

1. Corporation Name

Quality Carpentry Services, Inc

2. Principal Office Address

20 NE 1st Ave

Suite, Apt. #, etc.

City & State

DANIA BEACH, FL

Zip

33004

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

7/8/02

5. FEI Number

06-164 2572

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Robert M. Young

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

124 S. Federal Hwy

Suite, Apt. #, Etc.

City

Dania Bch, FL

State

FL

Zip Code

33004

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]

REGISTERED AGENT MUST SIGN

Date

1/9/04

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
WTS	McNaughton, Robert	20 NE 1st Ave	Dania Bch, FL 33004
D	McNaughton, Robert	20 NE 1st Ave	Dania Bch, FL 33004

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

1-9-04

Daytime Phone #

CR2E081 (10/02)



March 18, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement of Quality Carpentry Services, Inc.
EIN 06-1642572

Gentlemen:

Enclosed please find the application to reinstate the above referred to corporation. Taxpayer was unable to receive and pay the 2003 corporate annual report due to incarceration on 03/05/2003 and was therefore unable to handle his affairs.. Taxpayer was not released until 8/26/2003. Additionally, Taxpayer had moved from 705 SW 4th Terrace to 20 NE 1st Avenue, Dania Beach, FL 33004 in 2002. Taxpayer never received his UBR. Please see inmate summary enclosed with highlighted admission date and release date for your review.

Due to the mitigating circumstances we request that you waive the reinstatement fee. Enclosed is a check in the amount of 300.00 representing payment for 2003(late) and 2004 to bring current taxpayers obligation through 2004.

Thanks in advance for your prompt attention in this regard and direct all replies to the taxpayer.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert M. Young', is written over the typed name.

Robert M. Young