

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000078804**

1. Corporation Name

AYB WOOD QUALITY CORPORATION

Principal Place of Business

Mailing Address

28 W. FLAGLER ST.
11TH FLOOR
MIAMI FL 33130

28 W. FLAGLER ST.
11TH FLOOR
MIAMI FL 33130

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2002

5. FEI Number

260089741

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$38.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BROUSSEAU, LOUIS	565. RUE ALBERTA, CHABOT	DRUMMONDVILLE QUEBEC CANADA

000039085220
07/14/04--01005--022 **758.75

REINSTATEMENT 03-04

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SNYDER, LESLIE I ESQ.
28 W. FLAGLER ST.
11TH FLOOR
MIAMI FL 33130

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/5/04

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 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

Daytime Phone #

CR2E040 (7/03)

COPY

LAW OFFICES
LESLIE I. SNYDER, P.A.
A PROFESSIONAL ASSOCIATION
COURTHOUSE PLAZA
28 WEST FLAGLER STREET
ELEVENTH FLOOR
MIAMI, FLORIDA 33130

TELEPHONE (305) 374-2110

LESLIE I. SNYDER
OFFICE:
FLORIDA BAR CERTIFIED
IMMIGRATION & NATIONALITY LAW

OF COUNSEL
LEE H. SNYDER
ANDREW J. BAER*
Lsnnyderlaw@aol.com

*LICENSED ONLY IN NEW YORK

July 9, 2003

FACSIMILE (305) 374-1859

PENNSYLVANIA

TEL. (610) 408-0860

NEW YORK OFFICE:
TEL. (212) 233-0318

E-MAIL:

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

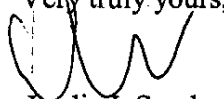
To Whom it may concern:

Enclosed please find the 2003 For Profit Corporation document.

We would respectfully request that you waive the fees for reinstatement, as our Check No. 4762 in the amount of \$150.00 was cashed by your office, and we never received any communication from you until now with respect to this matter.

Thank you for your cooperation.

Very truly yours,


Leslie I. Snyder
For the Firm

LIS/mdm
Enclosure