

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002000105304

1. Corporation Name

United Framing & Cons. Inc

REINSTATEMENT 07-04

000028057290
02/02/04--01092--008 **900.00

2. Principal Office Address

7009 Ponderosa Dr

Suite, Apt. #, etc.

None

City & State

Tampa, FL 33617

Zip

33617

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/02

5. FEI Number

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

Juan, Francisco Avilez

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

7009 Ponderosa Dr

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33617

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

Juan C Avilez

REGISTERED AGENT MUST SIGN

Date 01-27-04

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
<u>P</u>	<u>Juan Avilez</u>	<u>7009 Ponderosa Dr</u>	<u>Tampa, FL 33617</u>
<u>V</u>	<u>Francisco Avilez</u>	<u>7009 Ponderosa Dr</u>	<u>Tampa, FL 33617</u>

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:

Juan C Avilez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)