

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 21 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000128717**

1. Corporation Name

HUGO'S CARPENTRY INC.

Principal Place of Business

Mailing Address

7351 COLD STREAM DR
MIAMI FL 33015

7351 COLD STREAM DR
MIAMI FL 33015



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

47-0899797

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 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
DP	ZULUAGA, JAMIE	7351 COLD STREAM DR	MIAMI FL 33015

700024896597
11/21/03--01004--008 **158.75

11/17/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZULUAGA, JAMIE
7351 COLD STREAM DR
MIAMI FL 33015

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/17/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/03

Daytime Phone #

CR2E040 (7/03)

November 17, 2003

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

Re: Hugo's Carpentry Inc.
Document # P02000128717
FEI 47-0899797

To Whom It May Concern:

This letter is to inform you that I never received the uniform report to pay the \$150.00 annual fee.

I am requesting that you please waive the penalty and I am enclosing a check for \$158.75.

Thank you for your help regarding this matter.

Respectfully yours,


Jaime Zuluaga