

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000008488

1. Corporation Name

JM WOODWORKS UNLIMITED, INC.

2. Principal Office Address

16416 NW 16TH ST.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33028

Country

U.S.

3. Mailing Office Address

16416 NW 16TH ST.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33028

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida 1/23/2003**

5. FEI Number

30-0147796

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 MARTELL

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

16416 NW 16TH STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

000041796440
10/12/04--01001--011 **150 00

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 Martell
REGISTERED AGENT MUST SIGN

Date

10/6/04

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
PRES	JUAN MARTELL	16416 NW 16TH STREET	PEMBROKE PINES, FL 33028

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 Martell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/04

Daytime Phone #

954-445-1493

FILED

04 OCT 12 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JM WOODWORKS UNLIMITED, INC.

**C/O JUAN MARTELL
16416 NW 16TH STREET
PEMBROKE PINES, FL 33028**

October 5, 2004


To: Florida Dept. of State
Secretary of State
Division of Corporations

From: Juan Martell
President
JM Woodworks Unlimited, Inc.

Subject: Reinstatement and Waiver Request

Enclosed is an application for reinstatement for JM Woodworks Unlimited, Inc. and a check for \$150.00. I only recently was informed by my accountant that reports had to be filed with the State of Florida each year to keep the corporation active. To date, I have not received any notices concerning the filing of any reports with the State of Florida. In order to receive these reports in the future I am changing the address on the reinstatement form. In addition, I would like to request that any additional fees or penalties be waived.

Sincerely,



Juan Martell
President
JM Woodworks Unlimited, Inc.