PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM						
CORPORATION REINSTATEMENT OF STATE SECRETARY OF STA				ite	÷	2007 NOV 20 PM 12: 44 SECRETARY DE STATE
OOCUMENT # <i>P030000 42339</i> . L. Corporation Name						TALLAHASSEE, FLORIDA
INTERNATIONAL CARPENTRY DESIGN, INC.						
2. Principal Office Address - No P.O. Box# 3. Ma			ailing Office Address			
7324	SW. 825TreeT	GA GAME				CR2E081 (1/07)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
8-210)	City & State		4. Date incorporated or Qualified To Do Business in Florida 04/15/2023 5. FEI Number		
City & State						
MIAHI	Feg				Not Applicable	
Zip <i>33/43</i>	Country U.S.A	Zip	Countr	У	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required sifer a Certificate of Status
.,,,,	7. Name and Address	of Current Registere	d Agent			3,000
Name LAURA MONTOVA				The reinstatement fee is imposed, except in		
Street Address (P.O. Box Number is Not Acceptable)					circumstances which the entity did not receive the prior notices. By checking this box, you	
7324 S.W. 82 STIPET					are certifying the prior notices were not	
Suite, Apt. #, Etc. B - 2/0					8	ed and requesting the reinstatement waived.
City MinHi				Zip Code 33/4/3	120	
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 Augustin Date 11-13-57						
REGISTERED AGENT-MUST SIGN -						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles	es Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip
PROD. L	LAURA MONTOYA 732			7324 SW 82 STIPPT \$8-210		Highi fry. 33/43
, 						100112610531
						11/27/07=-01047003 **600 00
	RE			NSTA	TEMEN!	
	· · · · · · · · · · · · · · · · · · ·			<u> </u>	· · · · · · · · · · · · · · · · · · ·	1 04-0
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 gwed by the corporation have been paid and the names of Individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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.						
SIGNATUI	RE: James Worteng	PRINTED NAME OF SIG	GNING OFFICER O	OR DIRECTOR	//-/3	7 (305) 335 · / 56 0 Date Daytime Phone #

November 13, 2007

DIVISION OF CORPORATIONS.

RE: International Carlentry Drign, Fre.
Downers # P03000042339.

To cutom , + may Concen:

Never Fler. We realized that our hours helonts were how fler. We realized that aur neux necessary the Annual relats: who were under the impression that our coarlary Hard hear opener.

Who kindly appreciate if you grant our Koguest for when Consideration in the maining of the lendfies.

We are including a check in the amount of \$750.00.

We give you half assurance that this could know, happen again

Thosh You, Jama Hentreya. Lama Hon Fayer. President.

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time Mail out Certificate of St Will wait 👵 Photocopy **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign ☐. Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)