

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND  
04 OCT 18 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000105012

1. Corporation Name

**Giorgetta Wood Works, Inc.**

2. Principal Office Address

3. Mailing Office Address

**3190 State Road 7,, Suite Bay 19**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Bay 19**

City & State

City & State

**Hollywood, FL**

Zip

Country

Zip

Country

**33023**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/31/2003**

5. FEI Number

Applied For

**11-3705044**

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 Giorgetta**

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

**3190 State Road 7**

Suite, Apt. #, Etc.

**Bay 19**

City

State

Zip Code

**Hollywood**

**FL**

**33023**

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

Date

**10/10/2004**

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / Street / Zip
<b>President</b>	<b>Juan Giorgetta</b>	<b>123 Bedford Ave</b>	<b>Hallandale, FL 33009</b>
<b>VP</b>	<b>Reinaldo Diaz</b>	<b>550 NE 61st #7</b>	<b>Miami, FL 33138</b>

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/10/2004**

Date

**754-244-8670**

Daytime Phone #

B 292

Giorgetta Wood Works, Inc.  
3190 State Road 7, Bay 19  
Hollywood, FL 33023

October 10, 2004

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

Attn: Reinstatement Division

Ref: Document #: P03000105012

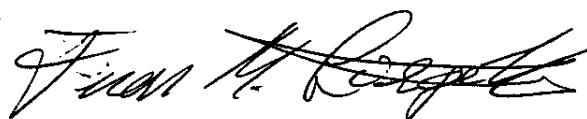
Dear Sir or Madam:

We are paying \$150.00 for the annual fee of our corporation.

We would like to respectfully ask you to please reinstate our corporation and wave the \$600.00 penalty since we did not receive the notice of the annual report and further correspondence. This was probably due to the fact the letter never made it to our office, which is the address, you have on file and we were un-aware of the year filing requirements.

We apologize for any inconvenience this has caused and would like to thank you ahead of time.

Sincerely,

X 

Juan Giorgetta  
President