

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD300011829**

1. Corporation Name

Ferressi Garage Doors Corp.

2. Principal Office Address

8500 Biscayne Blvd.

Suite, Apt. #, etc.

Lot F-628

City & State

Miami, Florida

Zip

33138

Country

Dade

3. Mailing Office Address

8500 Biscayne Blvd.

Suite, Apt. #, etc.

Lot F-628

City & State

Miami, Florida

Zip

33138

Country

Dade

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10-09-2003

5. FEI Number

20-0299415

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

Fernando Duarte

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

8500 Biscayne Boulevard

Suite, Apt. #, Etc.

Lot F-628

City

Miami

State

FL

Zip Code

33138

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

REGISTERED AGENT MUST SIGN

Date **03-15-2006**

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
President	Fernando Duarte	8500 Bisvayne Boulevard Lot F-628	Miami, Florida 33138
Vice-Pres.	Olga C. Cubas	8500 Bisvayne Boulevard Lot F-628	Miami, Florida 33138

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 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.

SIGNATURE:

Fernando Duarte

03-15-06

786-222.2149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #