


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JAN 18 AM 9:32  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000123604**

1. Corporation Name  
**DAVID QUINONES CARPENTRY INC**  
4227 BRADLEY AV  
ORLANDO FL 32839-1416

2. Principal Office Address  
**4227 BRADLEY AVE**

Suite, Apt. #, etc.  
**N/A**

City & State  
**ORLANDO FL.**

Zip  
**32839**

Country  
**ORANGE**

3. Mailing Office Address  
**4227 BRADLEY AV**

Suite, Apt. #, etc.  
**N/A**

City & State  
**ORLANDO FL**

Zip  
**32839**

Country  
**ORANGE**

**REINSTATEMENT 04-06**  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**20-0375751**

Applied For  
 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  
**DAVID QUINONES**

Street Address (P.O. Box Number is Not Acceptable)  
**4227 BRADLEY AVE**

Suite, Apt. #, Etc.

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32839**

**400064479614**  
**01/25/06--01009--016 \*\*458 75**

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 *David Quinones* Date **JAN 3, 2006**

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 / State / Zip
<b>PRES</b>	<b>DAVID QUINONES</b>	<b>4227 BRADLEY AVE</b>	<b>ORLANDO FL. 32839</b>

*1/20*

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: *David Quinones* **DAVID QUINONES** Date **JAN. 3, 2006** Daytime Phone # **(407) 468-9229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID QUINONES CARPENTRY INC.

TO whom it may concern;

2004 and 2005 notices for filing corporate fees were not received at address.  
2006 has also not arrived, in speaking with one of your agents I was told to write this  
letter and submit my paperwork with this payment. I may be reached via cell @ 407-468-  
9229

Thank you  
David Quinones PRES.

A handwritten signature in black ink, appearing to read "David Quinones", with a long horizontal flourish extending to the right.