

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 28 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000127467

1. Corporation Name

C&F SOUTH FLORIDA WOOD INC.

REINSTATEMENT

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

730 S PARK RD.

3. Mailing Office Address

Suite, Apt. #, etc.

Bldg #1238

Suite, Apt. #, etc.

City & State

Hollywood, FL.

City & State

FL.

Zip

33021

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/10/2003

5. FEI Number

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

RAFAEL E FOSSI

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

730 S PARK RD.

Suite, Apt. #, Etc.

Bldg #1238

City

Hollywood

State

FL

Zip Code

33021

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 12-17-07

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
P	CARLOS A CALZADILLA	730 S PARK RD. Bldg #1238	Hollywood, FL 33021
S	JUAN C FOSSI	730 S PARK RD. Bldg #1238	Hollywood, FL 33021
VP	RAFAEL E FOSSI	730 S PARK RD. Bldg #1238	Hollywood, FL 33021

000113463760  
12/28/07--01003--013 \*\*\$50.00

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-07

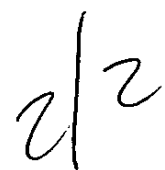
Date

786-229-1254

Daytime Phone #




December 17, 2007



To Whom It May Concern:

We never received the 2004 Annual Report, please find enclosed \$650.00 reinstatement as per instruction of the Division of Corporations.

Truly yours,



Rafael E. Fossi  
V-President &  
Registered Agent