192

LEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT  Jim Smith  Secretary of State  DIVISION OF CORPORATE	e	OS FEB II AHII: II  SECILE : ALL OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P030001305U5  1. Corporation Name			TEATHAUGEE, FLORIDA	
Hernanclez woodwork, LOIP.			INSTATEMENT 04-0	)5
2. Principal Office Address 1756 NW 94 St.	<del>                                     </del>	me 36	15/04 90018 026 \$1	150.
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Incorporated or Qualified	
city & State MIQMI, FIDIDA	City & State	5. FEIN	fumber 12 18 2 Applied For Not Applicable	
33147 Country U.S.	Zip Country	6. CERTIF	FICATE OF STATUS DESIRED	
Name PABID HCI NUNCLZ  Streel Address (P.O. Box Number is Not Acceptable) 1756 NW 94 Street Suite, Apt. #, Etc.  City MUM  State Zip Code 147  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.				
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  Date				
9. Names and Street Addresses of Each Officer and Titles Name of Officers and/or Directors			Ors)  City / State / Zip	
P.D. PAND Heinun	11107 17510 NI	N a4 CT	MIQMI, FL 33147	ı
V.D. LIDNA ROMT	YO 1756 N	W 94 ST.	MIUMI, FL 33147	
			700046850077	
				!
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 fifing 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:  PUBLICATION OF PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Oate  Dayline Phone #				

r.

## HERNANDEZ WOODWORK, CORP. 1756 NW 94 STREET MIAMI, ELORIDA 33147

2012

February 8, 2004

Florida Department of State Division of Corporations

Re: Hernandez Woodwork, Corp. Document # P03000130565

To Whom It May Concern,

As instructed by your offices please be advised, last year I mailed in my fee for the annual report in the amount of \$150.00. When I sent in my annual report for this year I was surprised to find out my corporation was closed and there was a penalty pending. I contacted your offices and was told the reason my company was dissolved was because I never responded to a letter mailed out to me March 29<sup>th</sup>, 2004, requesting additional information. Unfortunately, I never received said correspondence otherwise would of complied.

Please accept this letter as a request to waive the outstanding late fee. Furthermore, enclosed please find a check in the amount of \$150.00 for the annual fee 2005.

I apologize for the misunderstanding and thank you in advance for your attention in this matter.

Cordially,

Pablo Hernandez, President