

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JAN 20 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

103000133261  
Maldonado Carpentry  
INC

400065191734  
02/06/06--01010--025 \*\*450.00

CR2E081 (8/05)

2. Principal Office Address

9978 Hosford

3. Mailing Office Address

Suite, Apt. #, etc.

HWY Quincy FL

Suite, Apt. #, etc.

City & State

320351

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-053697

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

EFRAIN MALDONADO

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

9978 Hosford HWY

Suite, Apt. #, Etc.

Quincy FL 32351

City

State  
FL

Zip Code

**REINSTATEMENT**

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

Efrain Maldonado

REGISTERED AGENT MUST SIGN

Date

1-20/06

**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
OWNER	EFRAIN MALDONADO	9978 Hosford HWY Quincy FL 32351	Quincy FL 32351
VP	FERRIN MALDONADO	9978 Hosford HWY	Quincy FL 32351

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 607.0431 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:

Efrain Maldonado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*[Handwritten initials]*

(242) 1-20-06

To Whom it may concern  
I didn't received the Annual  
Report for 2004, 2005, 2006. Please  
waive the reinstatement fee.

Thank You  
Efrain McDonald