

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 103000133261

1. Corporation Name Maldonado Carpentry INC

2. Principal Office Address 9978 Hosford

3. Mailing Office Address

Suite, Apt. #, etc. HWY Quincy FL

City & State Quincy FL 32351

City & State

Zip 32351 Country

Zip Country

FILED

06 JAN 20 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 20-0531697 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 Quincy FL 32351 State FL Zip Code

REINSTATEMENT 04-06

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 Date 1-20/06

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
owner	EFRAIN MALDONADO	9978 Hosford HWY Quincy FL 32351	Quincy FL 32351
VP	Efrain 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 Date _____ Daytime Phone _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[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
Espin Maldonado