

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 10 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000133261**

1. Corporation Name **Maldonado Carpentry TNC.**

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

9978 hosford Hwy

Suite, Apt. #, etc.

Quincy FL

City & State

Quincy FL

Zip

Country

32351 Gasden

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

300197381263
03/10/11--01020--012 **943.75

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

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

Germin A Maldonado

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

9978 hosford Hwy

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

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

[Signature]

REGISTERED AGENT MUST SIGN

Date _____

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	Germin A Maldonado	9978 hosford Hwy	
		Quincy FL 32351	

REINSTATEMENT

2010/11

10. E-mail Address: **MD CPT INC @ YAHOO .COM**

(To be used for future annual report notification)

11. 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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2011

Date

Daytime Phone #