

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

4 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 AM 11:29

DOCUMENT # P03000133795

1. Corporation Name

RAMOS & SONS TRIM CARPENTRY INC

REINSTATEMENT 04-05

2. Principal Office Address

6721 OVID AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

6721 OVID AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32809

Country

US

Zip

32809

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/17/2003

5. FEI Number

20-0396891

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

RAMOS, DELFINO

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

6721 OVID AVENUE

Suite, Apt. #, Etc.

City

ORLANDO,

State

FL

Zip Code

32809

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

Delfino Ramos
REGISTERED AGENT MUST SIGN

Date 03/12/2005

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	RAMOS, DELFINO	6721 OVID AVENUE	ORLANDO, FL 32809
VP	RAMOS, OMAR	6721 OVID AVENUE	ORLANDO, FL 32809

400050217594

04/08/05 01005 024 **300.00

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 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:

Delfino Ramos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/2005

Date

Daytime Phone #

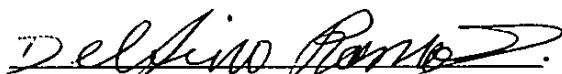
CR2E081 (01/05)

March 19, 2005

To Whom It May Concern:

I DID NOT FILE MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; THUS, THE ADDRESS ON THE CORPORATION IS WRONG, ENCLOSED I'M CORRECTING WITH THE RIGHT ADDRESS. PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.

THANK YOU.


DELFINO RAMOS (PRESIDENT)