

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JUL -2 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000144810

1. Corporation Name

**MUNOZ FRAMING INC**

600105622826  
07/06/07--01020--008 \*\*1000.00

**REINSTATEMENT**

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

2909 N 12 th St

3. Mailing Office Address

2909 N12 th St

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Tampa, FL

City & State

Tampa, fl

Zip

33605

Country

Hillsborough

Zip

33605

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/2003

5. FEI Number

20-0655563

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

Santiago Munoz

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

2909 N.12 Th St

Suite, Apt. #, Etc.

A

City

Tampa

State

FL

Zip Code

33605

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Santiago Munoz*  
REGISTERED AGENT MUST SIGN

Date 06/27/2007

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	Santiago Munoz	2909 N 12 Th St. A	Tampa, FL

600105622826  
07/06/07--01020--008 \*\*100.00

600105622826  
07/06/07--01020--009 \*\*200.00

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 contained in Chapter 119, 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:

*Santiago Munoz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/27/2007

Date

813-7816281

Daytime Phone #