

10P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000150346

1. Corporation Name

RODRIGUEZ FRAMING, INC.

2. Principal Office Address

1308 BONNIE RD

3. Mailing Office Address

1308 BONNIE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY FL

City & State

PLANT CITY FL

Zip

33563

Country

US

Zip

33563

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/2003

5. FEI Number

20-0476407

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

Luis A. Trejo

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

14644 MLK JR BLVD

Suite, Apt. #, Etc.

City

DOVER

State

FL

Zip Code

33527

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

Luis A. Trejo
REGISTERED AGENT MUST SIGN

Date 4/7/2006

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
PD	JUAN RODRIGUEZ-MUNOZ	1308 BONNIE RD	PLANT CITY, FL 33563
VP	SALVADOR GUERRERO	1308 BONNIE RD	PLANT CITY, FL 33563

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:

Juan Rodriguez-Munoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN RODRIGUEZ-MUNOZ 4/7/2006

Date

813-404-5541

Daytime Phone #

B. Mitchell MAY 1 2006

Zofz

April 6, 2006

RODRIGUEZ FRAMING, INC.
1308 BONNEI RD
PLANT CITY, FL 33563

DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

RE: P03000150346

TO WHOM IT MAY CONCERN:

I would like to apologize for filing later my annual report. I never received a notice stating that I needed to file before May 31. I would like to cordially request that you accept my apologies and disregard the penalty fine.

Sincerely,

Juan Rodriguez munoz
Juan Rodriguez ~~MUNOZ~~