

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 DEC 14 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

DOCUMENT # P03000150665

**1. Corporation Name**

Master Framing, INC

**2. Principal Office Address**

3637 Jericho Blvd Dr

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

Cassalberry, FL

**City & State**

Zip Country

Zip 32707

Country Reminole

**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 Harold M. Acuna

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

3637 Jericho Blvd

Suite, Apt. #, etc.

City Cassalberry

State FL

Zip Code 32707

**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

REGISTERED AGENT MUST SIGN

Date 11/29/06

**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	Harold M. Acuna	3637 Jericho Blvd Dr	Cassalberry, FL 32707

**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 it made under oath.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/06

Date

407-797-8814

Daytime Phone #

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November 30, 2006

Department of State  
Division of Corporation  
P O Box 6327  
Tallahassee, Fl 32314

To Whom It May Concern:

I, Harold M. Acuna, make this letter to testify the I never received the Annual Report for the past 3 years. I am sending a check of the \$450.00, (2004,2005,2006)  
If you need more information Please, contact me at Phone Number 407-797-8816.

Sincerely,



Harold M. Acuna, President

State of Florida  
County of Orange

On this 29th November, 2006

Personally Known to me.

