

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, AND
APPROVE: 11/2
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAY 10 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000153595

1. Corporation Name

A-Z CARPENTRY INC

W06-18103

2. Principal Office Address

4632 NW 86th Lane

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33067

Country

Broward

3. Mailing Office Address

4632 NW 86th Lane

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33067

Country

Broward

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/03

5. FEI Number

80-0089500

☒ 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

STEVEN LAVERE

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

4632 NW 86th LAVERE

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

200075268492

05/25/06--01018--005 **450.00

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

STDCRL

Date 3/31/06

REGISTERED AGENT MUST SIGN

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
Pres	STEVEN LAVERE	4632 NW 86 th Lane	Coral Springs FL 33067

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:

STDCRL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06

Date

754-366-4360

Daytime Phone #

5/17/06

2/2

A-Z CARPENTRY INC.

4632 NW 86 LANE

CORAL SPRINGS, FL 33067

PHONE 754-366-4300

FAX 954-575-1768

A2ZCARPENTRY@AOL.COM

March 31, 2006

TO WHOM IT MAY CONCERN:

MY NAME IS STEVEN LAVERE, I AM THE SOLE OWNER OF A CORPORATION CALLED A-Z CARPENTRY INC, WHICH WAS ACTIVATED DEC 18, 2003

I MY MAILING ADDRESS WHERE I RESIDED AT WAS:

3370 BEAU RIVAGE DRIVE L-6
POMPANO BEACH, FLORIDA-33064--
954-783-4300

THE AGENT WHO OPENED MY CORPORATION WAS ATTORNEY MR ROCCO MARUCI I HAVE COME TO FIND OUT THAT MY CORPORATION HAS BEEN REVOKED AND NEEDS TO BE RE-INSTATED. BEING THAT I DIDN'T RECEIVE ANY NOTIFICATION OF RENEWAL I WAS UNDER THE IMPRESSION THAT EITHER MR MARUCI OR MY OLD ACCOUNTANT DAVID MOORE WOULD HAVE RECEIVED IT AT EITHER ADDRESS.

A-Z CARPENTRY INC STARTED DOING BUSINESS IN FEBRUARY 2005, THE COMPANY WAS IDLE TIL THEN. HERE IS THE EIN NUMBER OF THAT CORPORATION TO VERIFY THE INFO THAT IM GIVING YOU. (80-0089500)

WHEN I SPOKE TO ONE OF YOUR REPRESENTATIVES TODAY SHE TOLD ME TO WRITE YOU A LETTER STATING THE CIRCUMSTANCES OF NOT RECEIVING THE RENEWAL NOTICE DUE TO A CHANGE OF ADDRESS ALONG WITH A CHECK FOR \$300.00 AND MAIL BOTH TO:

DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

IF YOU HAVE ANY QUESTIONS FEEL FREE TO CONTACT ME AT 754-366-4300

THANK YOU FOR YOUR IMMEDIATE ATTENTION ON THIS MATTER.


STEVEN LAVERE

THANK YOU FOR USING A-Z CARPENTRY

NO JOB TOO BIG ! OR TOO SMALL !

LICENSED AND INSURED