

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN -8 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300165319123  
01/08/10--01026--001 \*\*150.00

DOCUMENT # P04000009576

1. Corporation Name

IBARRA'S CARPENTRY, CORP

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

100 SW 110TH AVE

Suite, Apt. #, etc.

APT #108

City & State

MIAMI, FLORIDA

Zip

33174

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 2009

4. Date Incorporated or Qualified  
To Do Business in Florida

01/12/2004

5. FEI Number

200599938

☒ 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

FELIPE IBARRA

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

100 SW 110TH AVENUE

Suite, Apt. #, Etc.

APT #108

City

MIAMI

State

FL

Zip Code

33174

☒ 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

*Felipe Ibarra*

REGISTERED AGENT MUST SIGN

Date 12/30/2009

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	FELIPE IBARRA	100 SW 110TH AVE #108	MIAMI, FL. 33174

10. E-mail Address: RUTHLODESMA@BELLSOUTH.NET

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Felipe Ibarra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/2009 (305)970-7849

Date

Daytime Phone #