

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 21 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000015249

1. Corporation Name

JT Carpentry Finish, Inc.

600112507886

11/21/07--01033--006 **300.00

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

1300 West 3rd Ave.

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33010

Country

USA

3. Mailing Office Address

1300 West 3rd Ave.

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33010

Country

USA

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2004

5. FEI Number

86-1094317

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

Juan C. Torres

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

1300 West 3rd Avenue

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

☒ 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

REGISTERED AGENT MUST SIGN

Date 11/15/07

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 C. Torres	1300 West 3rd Ave.	Hialeah, FL 33010

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/07

Barbara L. Diaz-Medina, CPA, PPA

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November 15, 2007

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: JT Carpentry Finish, Inc.
Corporation Reinstatement
Document #: P04000015249

Dear Sir or Madam:

The above referenced corporation moved its corporate offices to a new address. Thus, unfortunately it did not receive the prior notices. In addition, they were not notified by their incorporating agent that the corporation would need to be renewed on an annual basis. Upon being notified by us that the corporation was administratively dissolved the officer requested we immediately reinstate it. We respectfully request that the reinstatement fee be waived.

Should you have any questions please do not hesitate to contact us.

Sincerely,



Barbara L. Diaz-Medina, CPA