

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000028407

1. Entity Name
WOOD WORK & MORE ENTERPRISES, INC.



FILED

2005 OCT 19 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
929 CLOVERLEAF BLVD
DELTONA, FL 32725

Mailing Address
929 CLOVERLEAF BLVD
DELTONA, FL 32725

2. Principal Place of Business
929 CLOVERLEAF BLVD
Suite, Apt. #, etc.

3. Mailing Address
929 CLOVERLEAF BLVD
Suite, Apt. #, etc.

City & State
DELTONA, FL 32725
Zip
32725
Country
VOLUSIA

City & State
DELTONA, FL 32725
Zip
32725
Country
VOLUSIA

10102005 REIN-P CR2E098 (6/04)

4. FEI Number
20-0725072
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABALLER, LUIS D
3936 S. SEMORAN BLVD
472
ORLANDO, FL 32822

7. Name and Address of New Registered Agent

Name
MALDONADO, LUIS E
Street Address (P.O. Box Number is Not Acceptable)
929 CLOVERLEAF BLVD
City
DELTONA FL Zip Code
32725

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Luis E. Maldonado

PRBS 10/10/05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MALDONADO, LUIS E
929 CLOVERLEAF BLVD
DELTONA, FL 32725 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MALDONADO, YOLANDA E
929 CLOVERLEAF BLVD
DELTONA, FL 32725 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CASTRO, JORGE
929 CLOVERLEAF BLVD
DELTONA, FL 32725 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500060773125
10/19/05--01048--001 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Luis E. Maldonado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16125