


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC 21 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000029420
1. Corporation Name
ANTONIO PUPO CARPENTER, INC.

REINSTATEMENT 0507
CR2E081 (1/07) *[Signature]*

2. Principal Office Address - No P.O. Box # 3541 DR. MARTIN LUTHER KING BLVD.		3. Mailing Office Address 4065 NORTH HAVERHILL RD	
Suite, Apt. #, etc. 2		Suite, Apt. #, etc. B-3 # 207	
City & State RIVIERA BEACH		City & State WEST PALM BEACH	
Zip 33404	Country PALM BEACH	Zip 33417	Country PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida **02/13/2004**

5. FEI Number **20-0763625** 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 **RAFAEL A BORGES**

Street Address (P.O. Box Numbers Not Acceptable)
3541 DR. MARTIN LUTHER KING BLVD.

Suite, Apt. #, Etc.
2

City **RIVIERA BEACH** State **FL** Zip Code **33404**

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 *Rafael A Borges* Date **12/13/2007**
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
DPST	RAFAEL A BORGES	5313 SW 126 TERR	MIRAMAR, FL 33027

R000113429308
12/21/07--01016--014 **450.00

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: *Rafael A Borges* RAFAEL A BORGES 12/13/2007 (561)598-1265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #