

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 AM 10:38

DOCUMENT # **P04000079626**

1. Corporation Name

PIMIENTA CARPENTRY CORP.

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

3401 SW 19 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

3401 SW 19 STREET

Suite, Apt. #, etc.

City & State

LEHIGH ACRE, FL

City & State

LEHIGH ACRE, FL

Zip

33976

Country

USA

Zip

33976

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/18/2004

5. FEI Number

65-1226552

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

JOSE J. DIAZ - PIMIENTA

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

3401 SW 19 STREET

Suite, Apt. #, Etc.

City

LEHIGH ACRE

State

FL

Zip Code

33976

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 **04/28/08**

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
D	JOSE J. DIAZ - PIMIENTA	3401 SW 19 STREET	LEHIGH ACRE, FL 33976

REINSTATEMENT

06-08

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05/01/08--01049--005 **900.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08

Date

305-610-8554

Daytime Phone #