

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000111298

1. Entity Name
ABLE WOODWORKS SERVICES, INC



FILED
07 MAR 21 AM 10:56
TALLAHASSEE, FLORIDA

Principal Place of Business
**4849 E. LAKES DR
POMPANO BEACH, FL 33064**

Mailing Address
**4949 E. LAKES DR
POMPANO BEACH, FL 33064**

2. Principal Place of Business - No P.O. Box #
4948 E. LAKES DR

3. Mailing Address
4948 E. LAKES DR.

Suite, Apt. #, etc

City & State
POMPANO Bch, FL

City & State
POMPANO Bch, FL

Zip
33064

Country



4. FEI Number
20-1427525

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

6. Name and Address of Current Registered Agent
**REZENDE, MARCOS A
822 SE 9TH ST
PALM PLAZA
DEERFIELD BEACH, FL 33064**

7. Name and Address of New Registered Agent
Name
EXPRESS ACCOUNTING & INCOME TAX
Street Address (P.O. Box Number is Not Acceptable)
760 W. SAMPLE RD. #10
City
POMPANO Bch FL Zip Code
33064

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]* (NOTE: Registered Agent signature required when reinstating) DATE **3/13/07**

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BRAGA, DAILSON S 4849 E LAKES DR POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4948 E. LAKES DR. POMPANO Bch, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900095165519 03/28/07--01038--004 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3/13/07** **(954)9342925**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #