

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 10 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000142540

1. Corporation Name

Mikes Custom Carpentry Remodeling Inc.

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

981 N 73 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

981 N 73 Avenue

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33024

Country

USA

Zip

33024

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1-30-05

5. FEI Number

202085698

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 Michael Macina

Street Address (P.O. Box Number is Not Acceptable)
981 N 73 Avenue

Suite, Apt. #, Etc.

City Hollywood

State FL

Zip Code 33024

☐ 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

Michael Macina

REGISTERED AGENT MUST SIGN

Date 4-6-07

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
Pres	Michael Macina	981 N 73 Avenue	Hollywood, FL 33024
Sec	Nestor Vasquez	981 N 73 Avenue	Hollywood, FL 33024

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:

Michael Macina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-6-07 (954) 610-1685

Daytime Phone #

B. Mitchell APR 10 2007