

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

10 MAY 17 AM 11:59

DOCUMENT # P04000168677

1. Corporation Name

MODERN DESIGN & WOOD CRAFT, INC.

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

529 W CAMPUS CIR

Suite, Apt. #, etc

3. Mailing Office Address

529 W CAMPUS CIR

Suite, Apt. #, etc

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE

Zip

33312

Country

USA

Zip

33312

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/2004

5. FEI Number

060767837

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

NORMAN A. LOBBAN

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

4448 INVERRARY BLVD

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33319

☒ 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.

800177066828

05/17/10--01060--009 \*\*300.00

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

*N. Lobban*

Date 04/14/2010

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
PST	BARRINGTON SHARPE	529 W CAMPUS CIR	FORT LAUDERDALE, FL 33312

10. E-mail Address: SHARPE.BARRY@ROCKETMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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

*Barrington Sharpe*

BARRINGTON SHARPE

04/14/2010 954-696-6310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #