

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR -6 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000080405

1. Corporation Name

M FHIMA Woodwork Inc

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

1628 NW 38 Ave

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

FT. LAUDERDALE FL

City & State

Zip

33311

Country

US

Zip

Country

100192570531

04/06/11--01026--011 **150.00

100192570531

01/26/11--01029--009 **750.00

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

MOTI NAVON

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

1628 NW 38 Ave

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33311

REINSTATEMENT 10-11

1/24/11

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/24/11

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
<u>P</u>	<u>Moti Navon</u>	<u>1628 NW 38 Ave</u>	<u>FT. LAUDERDALE FL 33311</u>

REINSTATEMENT

10. E-mail Address: N/A

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/11

Daytime Phone #