

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 DEC -4 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000081709

1. Entity Name
J & R WOODCRAFT REFINISHING, INC.



Principal Place of Business
7320 GEORGIA AVENUE
WEST PALM BEACH, FL 33405

Mailing Address
7320 GEORGIA AVENUE
WEST PALM BEACH, FL 33405

300082263563
12/04/06--01061--004 **150.00



2. Principal Place of Business

3. Mailing Address
5805 Garden Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10262006 REIN-P CR2E098 (11/05)

City & State

City & State
West Palm Beach, FL

4. FEI Number
x 20-3130914

Applied For
Not Applicable

Zip Country

Zip Country
33405 Palm Beach

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

6. Name and Address of Current Registered Agent

REYES, JAVIER A.
7320 GEORGIA AVENUE
WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5805 Garden Ave
City West Palm Beach FL Zip Code 33405

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$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 P
NAME REYES, JAVIER A
STREET ADDRESS 7320 GEORGIA AVENUE
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE
NAME
STREET ADDRESS 5805 Garden Ave
CITY-ST-ZIP West Palm Beach, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

REINSTATEMENT

06/26/06