

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 905000108311

1. Corporation Name

JB WOODWORKS INC

2. Principal Office Address - No P.O. Box #
421 NW 42ND CT

3. Mailing Office Address
421 NW 42ND CT

Suite, Apt. #, etc.
APT# 204

Suite, Apt. #, etc.
APT# 204

City & State
POMPAÑO BEACH, FL

City & State
POMPAÑO BEACH, FL

Zip
33064

Country
US

Zip
33064

Country
US

7. Name and Address of Current Registered Agent

Name
JOAO BATISTA DE MEDEIROS

Street Address (P.O. Box Number is Not Acceptable)
421 NW 42ND CT

Suite, Apt. #, Etc.
APT# 204

City
POMPAÑO BEACH

State
FL

Zip Code
33064

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

Joao Batista de Medeiros
REGISTERED AGENT MUST SIGN

Date 09/27/2007

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
P,D	DE MEDEIROS, JOÃO BATISTA	421 NW 42ND CT # 204	POMPAÑO BEACH, FL 33064
		<i>11/07/05</i>	

900110220519
10/03/07-01029-007 44300.00

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:

Joao Batista de Medeiros
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/27/2007

Date

(954) 601-6609

Daytime Phone #

FILED

07 OCT -3 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 08/04/2005

5. FEI Number
20-3285237

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

September 27th, 2007

RE: JB WOODWORKS, INC.
P05000108311

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE BECAUSE, I DID NOT RECEIVE THE ANNUAL REPORT PAPER FROM THE YEARS 2006 AND 2007 IN MY HOUSE. I DIDN'T KNOW ABOUT THIS ANNUAL REPORT. I PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO FILE THE ANNUAL REPORT.
MY NEW MAILING ADDRESS: 421 NW 42nd CT Apt# 204, POMPANO BEACH, FL 33064

SINCERELY,



Joao Batista de Medeiros

