

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 12 AM 9:06

CLERK OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P05000110139

E & L FINE CARPENTRY, CORP

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

6090 W 18 Ave

Suite, Apt. #, etc.

237

City & State

Hialeah - FL

Zip

33012

Country

USA

3. Mailing Office Address

10325 NW 35ct

Suite, Apt. #, etc.

City & State

Miami - FL

Zip

33147

Country

USA

7. Name and Address of Current Registered Agent

Name

EDUARDO R. SALABARRIA

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

6090 W 18 Ave

Suite, Apt. #, Etc.

237

City

Hialeah

State

FL

Zip Code

33012

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

x *E R S*

REGISTERED AGENT MUST SIGN

Date 12-7-07

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 | EDUARDO R. SALABARRIA | 6090 W 18 Ave # 237 | Hialeah FL - 33012 |
| V-Pres | LEONARDO BECERRA | 10325 NW 35ct | Miami - FL 33147 |
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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: *LEONARDO BECERRA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/07/07 (786) 258-1765
Date Daytime Phone #

jc 12/17