

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 OCT 29 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT# P05000123546

1. Corporation Name

BP WOOD TRIM, CORP.

way-46768

10/30/09--01025--002 **150.00

100161932021

REINSTATEMENT 08-09

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box # 2868 SW Vittorio St. Suite, Apt. #, etc.		3. Mailing Office Address 2868 SW Vittorio St. Suite, Apt. #, etc.	
City & State PORT ST. LUCIE		City & State PORT ST. LUCIE	
Zip 34953	Country USA	Zip 34953	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/07/2005	
5. FEI Number 20-3443730	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee (added to a Certificate of Status)	

7. Name and Address of Current Registered Agent

Name
MARCONI FIGUEIREDO

Street Address (P.O. Box Number is Not Acceptable)
2868 SW Vittorio St.

Suite, Apt. #, Etc.

City
PORT ST. LUCIE

state
FL

Zip Code
34953

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.

S. 1, 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  REGISTERED AGENT MUST SIGN

Date 10/13/09

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
PD	MARCONI FIGUEIREDO	2868 SW Vittorio St.	PORT ST. LUCIE, FL 34953
VP	ELIANA FIGUEIREDO	2868 SW Vittorio St.	PORT ST. LUCIE, FL 34953
D	BRENO FIGUEIREDO	2868 SW Vittorio St.	PORT ST. LUCIE, FL 34953

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10/20/09--01015--007 **150.00

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/2009 772.224.0535
Date Daytime Phone #