

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 29 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P05000123546

1. Corporation Name

BP WOOD TRIM, CORP.

way-46768

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

2868 SW Vittorio St.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE

Zip

34953

Country

USA

3. Mailing Office Address

2868 SW Vittorio St.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE

Zip

34953

Country

USA

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/2005

5. FEI Number

20-3443730

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.

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

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

Date

772.224.0535

Daytime Phone #

10/30/09--01025--002 **150.00
100161932021
10/20/09--01015--007 **150.00
REINSTATEMENT 08-09
CR2E081 (10/08)