

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000003744

1. Entity Name
LUMBER TECH FRAMES INC.



FILED

08 JUL -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
16722 NW 78 CT.
MIAMI, FL 33016

Mailing Address
16722 NW 78 CT.
MIAMI, FL 33016

2. Principal Place of Business - No P.O. Box #
4255 N.W. 128 ST.
Suite, Apt. #, etc.

3. Mailing Address
4255 N.W. 128 ST.
Suite, Apt. #, etc.



06102008 REIN-P CR2E098 (1/07)

City & State
OPA-LOCKA FLORIDA
Zip
33054
Country
MIAMI DADE

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OPA-LOCKA FLORIDA
Zip
33054
Country
MIAMI DADE

4. FEI Number
01-0854680
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUIZ DEL VIZO, RAFAEL JR.
16722 NW 78 CT.
MIAMI, FL 33016

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P
RUIZ DEL VIZO, RAFAEL JR.
16722 NW 78 CT.
MIAMI, FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
V
GOMEZ, LUIS E.
16722 NW 78 CT.
MIAMI, FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
RH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
REINSTATEMENT ☐ Delete

TITLE
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STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
300132922788 ☐ Addition
07/15/08--01006--013 **300.00

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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, and all other like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

From: Ralph Ruiz
Lumber tech frmes Inc.
4255 n.w. 128 street
Opa-Locka, Fl. 33054
786-285-3288 Fax 786-413-0250

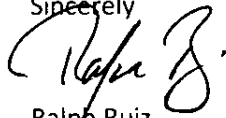
To; Russal Hunt
Florida department of state

Dear Mr. Hunt,

Thank you for your kind attention on the phone
last Wednesday.

This letter is to state that the Florida department
of state division of corpotations, had the worng
address on file. We are sending a check for \$300.00
as requested. Thank you for all help.

Sincerely



Ralph Ruiz