

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 12 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000112094

1. Corporation Name

W.E. REMODELING, CORP.

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

602 GARDENS DRIVE

Suite, Apt. #, etc.

APT 203

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

BROWARD

3. Mailing Office Address

602 GARDENS DRIVE

Suite, Apt. #, etc.

APT 203

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

BROWARD

REINSTATEMENT 07-08

04/23/07 90262 016 150.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2006

5. FEI Number
20-5454398

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DE PAULA, UENES BORBA

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

602 GARDENS DRIVE

Suite, Apt. #, Etc.

APT # 203

City

POMPANO BEACH

State

FL

Zip Code

33069

☒ 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.

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

Uenes Borba de Paula

Date 02-04-08

REGISTERED AGENT MUST SIGN

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
PST	DE PAULA, UENES BORBA	602 GARDENS DRIVE #203	POMPANO BEACH, FL 33069

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:

Uenes Borba de Paula

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-08

Date

Daytime Phone #